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KENT COUNTY

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Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1915,

BY

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

BARRISTER-AT-LAW,

*County Medical Officer of Health.*

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Maidstone :

W. P. DICKINSON, POST OFFICE PRINTING WORKS, HIGH STREET.

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1916.



KENT COUNTY COUNCIL.



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DEPARTMENT OF THE COUNTY MEDICAL OFFICER,  
SESSIONS HOUSE,

MAIDSTONE,

*September 1st, 1916.*

To the Chairman and Members of the Kent County Council.

MY LORDS AND GENTLEMEN,

In accordance with General Order No. 55,475 of the Local Government Board, I beg to submit herewith my fourth Annual Report on the Public Health and Sanitary Condition of the County of Kent for the year ended December 31st, 1915.

Every attempt has been made to curtail this report as much as possible. The various tables are kept in type by the printer from year to year.

During 1914 and 1915 the annual health reports proved to be of great use to various military authorities in the county in considering the disposition of troops therein.

I am, my Lords and Gentlemen,

Yours obediently,

ALFRED GREENWOOD.

## KENT COUNTY COUNCIL.

### PUBLIC HEALTH COMMITTEE.

This Committee reports to the County Council on all matters concerning the Public Health, and the administration of the Midwives Act. Its constitution for 1916 is as follows:—

ALEXANDER, S.R., M.D.	HARSTON, C.
AMES, W.	HUSSEY, E. W.
BARKER, W. COBBETT	(Vice-Chairman of the County Council and Chairman of the Finance Committee)
BILLINGHURST, E. A.	
CHILD, COLES	
CLUTTON, J. H.	IGGLESDEN, C.
COLLET, SIR MARK E., BART.	LAWRENCE, G.
CORNWALLIS, COL. F. S. W.	MARSHAM, GEORGE
(Chairman of the County Council)	MAY, T.
CRUNDALL, E. R.	MUMFORD, C. E.
DARNLEY, THE RIGHT HON. THE EARL	NICHOLSON, H.
OF (Chairman of the Committee)	PASSBY, COL. R. J.
FLINT, ARTHUR, M.D.	RADCLIFFE, W.
GOWER, R. VAUGHAN	SACKVILLE, THE RIGHT HON. LORD
GRANT, BRYCE	SHEA, S.
GUILFORD, THE RIGHT HON. THE	SMITH, S. LEE
EARL OF	TOWER, J.
HARDY, RIGHT HON. LAURENCE, M.P.	VINSON, A.
(Vice Chairman of the Committee)	WATSON, C. H.
HARRIS, THE RIGHT HON. LORD,	WHYMAN, H. F.
G.C.S.I., G.C.I.E.	WILBEE, F. H.
HARRISON, W. J.	WILFORD, JOSHUA

LOCAL AUTHORITIES.  
URBAN.

5

District and Borough Councils.	Clerks.	Medical Officers of Health.	Date of Receipt of Annual Report.	
Ashford .. ..	J. Creery ..	A. M. Watts, M.D., D.P.H. ..	May	8th
Beckenham .. ..	F. Stevens..	*J. M. Clements, M.D., D.P.H. ..		
Bexley .. ..	T. G. Baynes	O. Sunderland, M.R.C.S., L.R.C.P.	April	15th
Broadstairs and St. Peter's	L. A. Skinner	*M. K. Robinson, M.D. ..	April	27th
Bromley Borough	F. H. Norman	A. F. G. Codd, M.B., F.R.C.S. ..		
Chatham Borough	J. W. Halloran	*J. Holroyde, F.R.C.S.E., D.P.H. ..	August	2nd
Cheriton .. ..	A. Atkinson	*M. K. Robinson, M.D. ..		
Chislehurst .. ..	J. J. Brown	*J. S. Tew, M.D., D.P.H. ..	August	3rd
Dartford .. ..	W. Kay ..	J. Hamilton, L.R.C.P., L.R.C.S. Eng., D.P.H.	June	20th
Deal Borough .. ..	A. C. Brown	A. Mason, M.R.C.S., L.R.C.P. ..	July	15th
Dover Borough .. ..	R. E. Knocker	*M. K. Robinson, M.D. ..		
Erith .. ..	J. Atkinson	*A. E. Jerman, M.B. ..	June	19th
Faversham Borough	Guy Tassell	C. J. Evers, M.D. ..	September	9th
Folkestone Borough	A. F. Kidson	M. G. Yunge Bateman, M.R.C.S., D.P.H..	June	15th
Footscray .. ..	A. E. Leonard	*J. S. Tew, M.D., D.P.H. ..	May	19th
Gillingham Borough	F. C. Boucher	*E. C. Warren, L.R.C.P., L.S.A. ..	September	13th
Gravesend Borough	H. H. Brown	*C. D. Outred, M.R.C.S., L.R.C.P., D.P.H..	June	3rd
Herne Bay .. ..	G. H. Beetenson	*M. K. Robinson, M.D. ..		
Hythe Borough .. ..	B. C. Drake	*M. K. Robinson, M.D. ..	May	10th
Lydd Borough .. ..	G. G. H. Witchell	H. S. Oliver, L.S.A. (died Nov. 7th, 1915)	June	3rd
Maidstone Borough	S. Lance Monckton	C. Pye Oliver, M.D., D.P.H., etc. ..		
Margate Borough	E. Brooke ..	*R. McCombe, F.R.C.S., L.R.C.P., D.P.H.	June	3rd
Milton Regis .. ..	J. Dixon, jun.	*T. B. Heggs, M.D., D.P.H. ..		
New Romney Borough	W. Lamacraft	H. Hick, M.R.C.S., L.R.C.P. ..	April	19th
Northfleet.. ..	C. E. Hatten	H. T. Sells, M.R.C.S., L.R.C.P. ..	June	7th
Penge .. ..	A. E. Eves	R. Wilkinson, M.D. Brux. ..	April	5th
Queenborough Borough..	C. B. Harris	*T. B. Heggs, M.D., D.P.H. ..		
Ramsgate Borough	A. Blasdale Clarke	*J. Dundas, M.D., D.P.H., D.T.M. ..	May	9th
Rochester City .. ..	A. Kennette	*S. J. Pritchett, M.R.C.S., D.P.H. ..	April	19th
Sandgate .. ..	J. Shera Atkinson	C. E. Perry, M.D. ..	April	3rd
Sandwich Borough	E. C. Byrne	J. W. Harrison, M.B., C.M. ..	August	9th
Sevenoaks.. ..	F. W. Tipton	*J. S. Tew, M.D., D.P.H. ..	June	10th
Sheerness .. ..	V. H. Stallon	*T. B. Heggs, M.D., D.P.H. ..		
Sittingbourne .. ..	C. B. Harris	*T. B. Heggs, M.D., D.P.H. ..	June	8th
Southborough .. ..	P. Hammer	*J. S. Tew, M.D., D.P.H. ..	June	16th
Tenterden Borough	H. B. Mace	*J. S. Tew, M.D., D.P.H. ..	June	14th
Tonbridge.. ..	H. W. Peach	*J. S. Tew, M.D., D.P.H. ..	February	17th
Tunbridge Wells Borough	W. C. Cripps	*F. C. Linton, M.B., D.P.H. ..	April	9th
Walmer .. ..	F. W. Hardman	E. L. Davey, M.R.C.S., L.R.C.P. ..		
Whitstable .. ..	J. F. Whichcord	F. P. Piper, M.B., M.R.C.S., L.R.C.P.		
Wrotham.. ..	H. E. Pyle..	A. A. Lipscomb, M.R.C.S., L.S.A. ..		

RURAL.

Ashford, East .. ..	J. Kingsford	*M. K. Robinson, M.D. ..	September	7th
Ashford, West .. ..	J. M. Poncia	*M. K. Robinson, M.D. ..		
Blean .. ..	W. T. Brooks	*M. K. Robinson, M.D. ..	August	26th
Bridge .. ..	T. L. Collard	*M. K. Robinson, M.D. ..		
Bromley .. ..	E. Haslehurst	*J. S. Tew, M.D., D.P.H. ..	August	15th
Cranbrook .. ..	L. F. Williams	*J. S. Tew, M.D., D.P.H. ..	August	1st
Dartford .. ..	E. J. Hobbs	*S. Richmond, M.D. ..		
Dover .. ..	E. Carder	*M. K. Robinson, M.D. ..	August	1st
Eastry .. ..	F. S. Cloke	*M. K. Robinson, M.D. ..		
Elham .. ..	B. C. Drake	*M. K. Robinson, M.D. ..	February	26th
Faversham .. ..	Guy Tassell	P. G. Selby, M.R.C.S., L.R.C.P. ..		
Hollingbourn .. ..	H. J. Bracher	G. M. Tuke, M.R.C.S. ..	March	25th
Hoo .. ..	R. P. Smyth	*C. D. Outred, M.R.C.S., L.R.C.P., D.P.H.	August	26th
Maidstone.. ..	R. Hoar	*J. S. Tew, M.D., D.P.H. ..	June	1st
Malling .. ..	F. J. Allison	A. H. Roberts, M.R.C.S., L.R.C.P. ..	May	2nd
Milton .. ..	E. C. Harris	*T. B. Heggs, M.D., D.P.H. ..		
Romney Marsh .. ..	W. Lamacraft	H. Hick, M.R.C.S., L.R.C.P. ..	August	2nd
Sevenoaks.. ..	F. H. Vibert	*J. S. Tew, M.D., D.P.H. ..	August	10th
Sheppey .. ..	H. T. Copland	T. R. Wigglesworth, M.D. ..	March	24th
Strood .. ..	J. E. Povey	C. Flood, L.R.C.S., L.A.H. ..	August	3rd
Tenterden .. ..	J. M. Mace	*J. S. Tew, M.D., D.P.H. ..		
Thanet .. ..	C. Taylor	*M. K. Robinson, M.D. ..		
Tonbridge .. ..	N. R. Stone	*J. S. Tew, M.D., D.P.H. ..		

\*These Medical Officers devote their whole time to Public Health work.

For information as to medical officers of health on military service, and temporary appointments in consequence thereof, see page 7.

In the case of the annual reports not marked as received, the medical officer of health has furnished a copy of the annual statistics. Each medical officer of health has, in addition, supplied information in reply to a series of questions addressed from the county health department, on which Part 2 of this report is based.



## DUTIES OF THE COUNTY MEDICAL OFFICER WITH RESPECT TO THE PREPARATION OF AN ANNUAL REPORT

These duties are set out in Articles 7 and 8 of the General Order of the Local Government Board dated July 29th, 1910, and are as follows:—

“(7.) The Medical Officer of Health of the County shall as soon as practicable after the 31st day of December in each year make an Annual Report to the County Council up to the end of December on the sanitary circumstances, the sanitary administration and the vital statistics of the County.

“In addition to any other matters upon which the Medical Officer of Health may consider it desirable to report, his Annual Report shall contain the following sections:—

“(a) A digest of all annual and special reports made by the Medical Officers of Health of all County districts within the County ;

“(b) a section as to the isolation hospital accommodation available for each County district and as to the steps which should be taken to remedy any deficiencies which may exist ;

“(c) a section on the administration of the Housing of the Working Classes Acts, 1890 to 1909, within the County ;

“(d) a section on the water supply of the several County districts within the County ;

“(e) a section on the pollution of streams within the County and as to the steps for the prevention of pollution taken :—

(i.) by the local authorities, and

(ii.) by the County Council ;

“(f) a section on the administration within the County of the Midwives Act, 1902 : and

“(g) a section on the administration of the Sale of Food and Drugs Acts, 1875 to 1907, within that part of the County in which the County Council have jurisdiction for the purposes of those Acts.

“(8.) The Medical Officer of Health of the County shall send to Us two copies of his Annual Report and two copies of any Special Report ; he shall also send one copy of his Annual Report to the Council of every County district in the County and shall send three copies of any Special Report to the Council of every such County district affected by the Special Report.”

# ANNUAL REPORT.

## PART I.

### THE COUNTY AS A WHOLE.

#### ADMINISTRATION.

During the years 1914 and 1915, the following officials were called up for military duty in consequence of the war, and temporary appointments have been made as stated :—

District.			Medical Officer of Health.		Temporary substitute during period of War.
Ashford	...	...	Dr. A. M. Watts	...	Dr. C. M. Vernon
Beckenham	...	...	„ J. M. Clements	...	„ G. C. Walker
Bromley	...	...	„ A. F. G. Codd	...	„ J. Mathewson
Dartford	...	...	„ J. Hamilton	...	„ T. Farthing
Erith	...	...	„ A. E. Jerman	...	„ L. J. J. Barnes
Maidstone	...	...	„ C. Pye Oliver	...	„ J. E. C. Allott
North-East Kent	...	...	„ T. B. Heggs	...	„ W. M. Scott
United District					
Ramsgate	...	...	„ J. Dundas	...	„ G. H. G. Dundas
Sandwich	...	...	„ J. W. Harrison	...	„ H. Kerswill
Walmer	...	...	„ E. L. Davey	...	„ J. Wood

Dr. Codd, of Bromley, was absent for the last six months of 1915 only, and resumed his civil duties in January, 1916. Dr. Walker, of Beckenham, terminated his duties in January, 1916, and Dr. H. B. Bolus was appointed temporary medical officer of health in his stead, Dr. R. M. H. Randell undertaking the duties in the short interval which elapsed between the appointments. Since April, 1916, Dr. Scott, of the North East Kent United District, has been undertaking special work for the Local Government Board, and up to the date of writing this report Dr. H. C. Mends Gibson has acted for him in his public health duties.

In addition to the above, Dr. J. Holroyde, of Chatham, Dr. S. J. Pritchett, of Rochester, Dr. E. C. Warren, of Gillingham, Dr. C. D. Outred, of Gravesend, Dr. J. S. Tew, of Tonbridge (West Kent Combined District), Dr. P. G. Selby, of Faversham Rural, Dr. T. R. Wiglesworth, of Sheppey, and Dr. F. C. Linton, of Tunbridge Wells, have likewise undertaken military service, although continuing their civil duties at the same time. Of these officers, the four first-named have, I understand, now resigned the military appointments.

I regret to report the deaths of Dr. M. K. Robinson, of Dover (East Kent Combined District) and Dr. H. S. Oliver, of Lydd, which took place respectively on March 31st, 1916, and November 7th, 1915. Dr. Robinson had served as medical officer of health of Birkenhead and of Leeds, prior to coming to Kent in 1872, and was one of the first such officials to be appointed in England. For the period of the war Dr. MacDougall has been appointed to the medical officership of the East Kent Combined District, and I have suggested that afterwards there should be three whole-time medical officers of health working in this area as follows :—

No. 1. District.	No. 2 District.	No. 3 District.
West Ashford Rural	Blean Rural	Dover Borough
East Ashford Rural	Thanet Rural	Dover Rural
Elham Rural	Bridge Rural	
Hythe Borough	Eastry Rural	
	Herne Bay Urban	
	Broadstairs Urban	

The urban district of Cheriton (for which Dr. Robinson acted in a similar capacity and Dr. A. J. Gore is now acting temporarily) should also be included in No. 1 District.

There is a most unsatisfactory state of affairs existing at Lydd. From November, 1915, up to July, 1916, there has been no permanent officer acting



in the capacity of medical officer of health, although for a time a deputy undertook the duties, and practically no information relating to public health questions could be elicited. It is a matter of regret that immediate action was not taken to fill the late Dr. Oliver's position by advertising the post at an adequate salary. The public health of a district is a matter of urgent importance, and particularly so during the state of affairs in the country at the present time. I have suggested that the position should be offered to the present medical officer of health of the adjoining districts of New Romney and Romney Marsh, at an adequate salary, but I am not aware whether any action has been taken on these lines.

### APPLICATIONS FOR SANCTION TO LOANS.

Enquiries have been held by the Local Government Board in the following districts during the year 1915. The reason for the enquiry is as set out in the tabulation, and where such enquiry was in respect of an application for a loan, the amount of money which it was proposed to expend, and the nature of the work to be carried out, are indicated:—

Date of Enquiry.	District.	Amount of Loan.	Purposes for which loan required, or reason of enquiry.
Jan. 1st ...	Dartford .....	£ 1,700	Purchase of land for street widening.
		8,930	Purchase of land as site for erection of working-class dwellings under Part III. of the Housing of Working Classes Act, 1890.
June 3rd ...	Folkestone .....	1,000	Works in connection with the Western Outfall Sewer in the U.D. of Sandgate.
Jan. 4th ...	Margate .....	9,470	Erection of working-class dwellings.
		—	Application for authority to appropriate certain lands for purposes of Part III. of the Housing of the Working Classes Act, 1890.
Nov. 17th...	Whitstable .....	3,726	Sewerage and sewage disposal

OFFICIAL CIRCULARS, &c., RESPECTING PUBLIC HEALTH  
MATTERS.

*Public Health (Shell-Fish) Regulations, 1915.*—Order and circular of the Local Government Board made under Section 1 of the Public Health (Regulations as to Food) Act, 1907.

These regulations enable a local authority, through their medical officer of health, to ascertain the layings from which any suspected shell-fish are derived, or have been derived within the previous six weeks, and to compel any fishmonger concerned to give information, as required, to the medical officer of health. If the suspected layings are in the area of another local authority, a representation shall be made to the said authority, giving the facts obtained by the medical officer in his investigations. The persons interested in any *public* laying so represented, are under necessity to show cause why an order shall not be made “prohibiting, as the circumstances may require, the distribution for sale for human consumption of shell-fish brought from the laying, unless the shell-fish have been relaid for such period as the local authority, on the advice of their medical officer of health, may direct.” In the case of a *private* laying, the owner or occupier shall give an undertaking that he will forthwith carry out the requirements of the local authority for dealing with the shell-fish, otherwise an order is to be made as the circumstances may require. Appeal may be made to the Local Government Board by the persons or authorities interested, and any order made may be withdrawn at the discretion of the local authority.

The circular accompanying the regulations suggests that medical officers of health should examine the conditions of the layings in their districts, and should report to the local authority any cases in which the layings are so situated as to be liable to dangerous contamination. It is also suggested that any action taken with a view to closing a laying should be based rather on epidemiological and topographical considerations, than on the results of bacteriological analysis.

February 17th, 1915.

*Cerebro-Spinal Fever.*—Circular of the Local Government Board enclosing a revised memorandum on cerebro-spinal fever, and relating to administrative

and other measures which should be taken to prevent its spread. The memorandum deals specifically with the following points :—

- Incidence of the disease.
- Clinical features of the disease.
- Mode of spread.
- Notification.
- Bacteriological aids to diagnosis.
- Isolation of the patient.
- Disinfection.
- Investigation of source of infection.
- Investigation of possibilities of continued infection.
- Precautionary measures as to contacts.
- General preventive measures.

February 22nd, 1915.

*Anthrax*.—Circular of the Board of Agriculture and Fisheries, addressed to local authorities, requesting that reports of veterinary inspectors, accompanying samples forwarded to the Board's laboratories, should contain fuller information than is the case at present, in order that the Board may be able to observe more closely the progress of the disease and to suggest the adoption of such measures as may be possible for guarding against the introduction of further infection.

January 20th, 1915.

*Treatment of Tuberculosis*.—Circular of the Local Government Board containing further observations in regard to the development and completion of schemes for the institutional treatment of tuberculosis. Particular attention is paid to the following points :—

- Tuberculosis officers on military or naval service.
- Use of sanatoria and hospitals for military services.
- Treatment of children.
- Medical education.
- Relation of general practitioners to dispensaries.
- Examination of contacts.
- Tuberculosis care committees.
- Skilled nursing facilities.



Under the last-mentioned heading, it is suggested that nurses already employed at dispensaries, who have sufficient time available, should undertake the nursing of patients in their own homes.

April 29th, 1915.

*Grants in aid of Maternity Centres and Schools for Mothers.*—Joint circular of the Local Government Board and the Board of Education, concerning the arrangements to be adopted with regard to the payment of grants in this connection. The regulations appended outline the services in respect of which grants will be payable, as follows:—

*Local Government Board.*—The salaries and expenses of inspectors of midwives and health visitors, the provision of a midwife or doctor for aid in confinements of necessitous women and the expenses of maternity centres.

*Board of Education.*—Schools for mothers (primarily educational institutions) in respect of the provision made for promoting the care, training and physical welfare of infants and young children.

The grants, amounting to not more than one half the approved expenditure, will be payable by the Local Government Board to sanitary authorities and to voluntary agencies, and by the Board of Education to the institution directly concerned.

May 31st, 1915.

*Notification of Measles and German Measles.*—Order of the Local Government Board making compulsory the notification of measles and german measles, as from the 1st January, 1916, by medical practitioners and by parents or guardians. So far as the medical practitioner is concerned, only the first case in a household is notifiable. Medical officers of health are required to take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread of infection, and for removing conditions favourable to infection. A local authority may also provide medical and nursing assistance for the poorer inhabitants of a district, suffering from either of these diseases.

A circular letter, a memorandum by the Medical Officer of the Board as to precautionary measures against, and as to the prevention of mortality from measles, and a specimen of a leaflet for distribution to parents, also accompanied the order.

November 27th, 1915.

SPECIAL REPORTS OF THE COUNTY MEDICAL OFFICER.

During the year the following reports were made :—

1. Cerebro-spinal fever—Description, extent of disease in Kent and methods of prevention..... March.
2. Gillingham Isolation Hospital ..... March.
3. Notification of Births Act, 1907 ..... March, Sept. and Dec.
4. Provision of Small-pox Hospital Accommodation ..... March, June and Sept.
5. Outbreak of Typhoid Fever at Dover ..... June.
6. Sewage disposal at Sandling Military Camp..... June and Sept.
7. Potential pollution of Water-supply at Chart Sutton ... June and Sept.
8. Anti-fly campaign ..... June.
9. Maternity and Child-welfare ..... September.
10. Compulsory notification of Measles, German Measles and Whooping Cough ..... September.
11. West Kent Main Sewage Works in the Urban District of Dartford ..... September.
12. Notification of Measles and German Measles ..... December.

Also various reports concerning temporary administrative arrangements necessitated by the war, Local Government Board enquiries, special reports received, special visits of enquiry, work under the Housing, Town Planning, &c. Act, administration of the Midwives Act, 1902, tuberculosis work, laboratory work, etc., were presented during the year.

## VITAL STATISTICS.

POPULATION.—It has been found impossible, for 1915, to adhere to the usual methods of estimation of the population, based on the census returns, owing to the large number of men usually in civil occupations who have been recruited for the Army and have been drafted to other districts in this country, or else sent abroad. Local populations have also varied to a considerable extent through the unprecedented migration of persons—particularly males and to a lesser extent females—into new areas to engage in munition work, etc. It therefore became incumbent upon the Registrar General to find an alternative method of calculation of local populations, and this was available in the shape of the National Register, which referred to a date only six weeks removed from that for which estimates were required, namely, the middle of 1915, and this gave a sound basis for the estimation of the *civil* populations of the various sanitary districts. The Registrar General's new figures are worked out for each district, on the ratio of the total population *at the census* (less males 15-65) to the number of females aged 15 to 65 *at the census*, which ratio is applied to the number of females aged 15 to 65 *as shown by the National Register*. The resulting product, plus the number of males aged 15 to 65 on the National Register, is taken to be the number of the civil population. Fairly reliable figures are thus obtained for each district, unless in any particular areas the above ratio has not remained approximately constant for some reason.

In Tables 1 and 2, I have also given the medical officers of health's estimates of the population in those districts where an independent basis of calculation has been used, but for the purpose of the rates worked out in the report, and to ensure uniformity, I have used the Registrar General's figures.

The estimated population of the Administrative County at the middle of 1915, was 985,147; and the division of this total into urban and rural, shows that 682,086 persons were grouped as living in urban areas, and 303,061 in rural. The density of population in the urban districts was 5·7 persons per acre and in rural 0·35. The greatest density of population is to be noted in Penge, where there are 28·8 persons per acre, in Gravesend with 22·0, in Dover with 19·8, and in Sheerness with 19·2. There are certain urban districts in which the density is simply that of a rural district, *e.g.*, Lydd, Tenterden, Wrotham and New Romney. The rural district which shows the greatest density of population, is Dartford with 1·04 per acre. These densities, it should be noted, exclude entirely from calculation the members of H.M. forces distributed throughout the county.



## POPULATION OF THE COUNTY.

	Total Census Population. 1911.	Estimated Civil Population Middle of 1915.
Urban (41 districts) ...	*711,443	682,086
Rural (23 districts) ...	*309,522	303,061
TOTAL.....	1,020,965	985,147

\* Corrected for areas transferred from rural to urban districts since the date of the Census.

BIRTHS.—During the year, the births of 19,935 living children were registered, which is lower than the total of the previous year.

As the births registered include children of soldiers as well as of civilians, the calculation of birth-rates on the estimated *civil* population, as worked out by the Registrar-General, would not give reliable results. The Registrar-General suggests, therefore, that the birth-rates for 1915 be based upon the existing estimates of *total* population for 1914, and this suggestion has been followed in working out the rates contained in this report.

The birth-rate was 18·9 per 1,000, as compared with 20·3 in 1914. It will be observed from the subjoined record, and from the diagram (facing page 20), that there has been a continuous decline in the birth-rate, of recent years, broken only to a slight extent in 1911 and 1913. The rate in both urban and rural districts has declined in 1915 by 1·4 per 1,000.

Year.	1903	1909	1910	1911	1912	1913	1914	1915
Urban Districts.....	22·5	20·9	19·8	21·2	20·8	20·7	20·4	19·0
Rural Districts .....	21·9	22·6	21·8	19·8	20·1	20·9	20·1	18·7
Whole County .....	22·3	21·4	20·4	20·8	20·6	20·8	20·3	18·9

In the following urban districts, rates of over 22 per 1,000 were registered :—Queenborough 28·4, Northfleet 28·2, Sittingbourne 24·6, Erith 24·2, Faversham 22·6 and Sheerness 22·1.

TABLE 1.—Information relating to Population, Acreage, Number of Houses etc., in the **Urban Districts** of the County of Kent.

DISTRICT.	‡ Population Estimated by M.O.H., 1915.	Registrar General's Estimate of Civil Population 1915.	Total Census population 1911.	Total Census population 1901.	Acreage inclusive of water.	Persons per acre, 1915.	* Inhabited houses Census 1911.	* Persons per house Census 1911.
Ashford ... ..	..	14,200	13,688	12,808	2,850	4·9	2,820	4·4
Beckenham ... ..	33,796	31,569	31,692	26,288	3,890	8·1	5,587	5·1
Bexley... ..	20,000	18,660	15,895	13,476	4,942	3·7	3,083	4·6
Broadstairs and St. Peter's...	...	9,423	9,921	7,107	2,770	3·4	1 863	4·2
Bromley (Borough) ... ..	...	32,768	33,646	27,397	4,696	6·9	6,156	4·9
Chatham (Borough) ... ..	44,878	39,248	42,250	37,057	4,356	9·0	8,031	4·4
Cheriton ... ..	...	4,913	7,577	7,091	1,159	4·2	763	5·4
Chislehurst ... ..	...	8,341	8,666	7,429	2,791	2·9	1,576	4·8
Dartford ... ..	26,434	22,337	23,609	18,644	4,242	5·2	3,717	4·9
Deal (Borough) ... ..	...	10,566	11,295	10,581	1,114	9·4	2,403	4·1
Dover (Borough) ... ..	...	38,571	43,645	42,672	1,948	19·8	7,439	4·4
Erith ... ..	...	35,232	27,750	25,296	3,859	9·1	4,654	5·3
Faversham (Borough) ... ..	...	11,272	10,619	11,290	685	16·4	2,213	4·3
† Folkestone (Borough) ... ..	33,209	32,753	33,042	30,379	2,325	14·0	5,483	5·0
Footscray ... ..	...	8,738	8,493	6,920	2,043	4·2	1,511	4·8
Gillingham (Borough) ... ..	...	45,058	52,252	42,745	4,988	9·0	9,545	4·4
Gravesend (Borough) ... ..	28,504	27,808	28,115	27,196	1,260	22·0	4,842	4·8
Herne Bay ... ..	...	7,238	7,780	6,726	887	8·1	1,462	4·3
Hythe (Borough) ... ..	...	6,698	6,387	5,557	2,608	2·5	1,316	4·2
Lydd (Borough) ... ..	...	2,336	2,874	2,675	12,082	0·2	450	4·4
Maidstone (Borough) ... ..	...	32,128	35,475	33,516	4,008	8·0	6,569	4·5
Margate (Borough) ... ..	...	25,278	28,458	24,127	2,463	10·2	4,729	4·6
Milton Regis ... ..	...	6,976	7,475	7,036	2,554	2·7	1,462	4·5
New Romney (Borough) ... ..	...	1,222	1,333	1,328	1,364	0·8	246	4·5
Northfleet ... ..	...	14,756	14,184	12,906	3,932	3·7	2,590	5·1
Penge .. ...	...	22,218	22,330	22,465	770	28·8	3,318	5·5
Queenborough (Borough) ... ..	...	3,034	2,738	1,555	695	4·3	423	5·3
Ramsgate (Borough) ... ..	30,588	25,899	29,603	27,733	2,306	11·2	5,825	4·4
Rochester (City) ... ..	31,733	31,125	31,384	30,590	2,936	10·6	5,932	4·6
† Sandgate ... ..	...	1,723	2,827	2,294	430	4·0	258	4·6
Sandwich (Borough) ... ..	3,040	2,957	3,040	3,170	707	4·1	600	4·2
Sevenoaks ... ..	...	8,795	9,182	8,106	3,259	2·6	1,701	4·6
Sheerness ... ..	19,000	16,598	17,487	18,179	864	19·2	3,132	4·5
Sittingbourne... ..	...	8,463	8,380	8,943	1,004	8·4	1,605	4·6
Southborough ... ..	...	6,567	7,001	6,977	1,702	3·8	1,482	4·3
Tenterden (Borough) ... ..	...	3,178	3,379	3,243	8,946	0·3	687	4·3
Tonbridge ... ..	...	13,946	14,796	12,736	1,356	10·2	2,950	4·5
Tunbridge Wells (Borough) ... ..	...	33,430	35,697	33,373	3,991	8·3	6,641	4·7
Walmer ... ..	5,984	3,808	5,347	5,614	988	3·8	839	4·2
Whitstable ... ..	...	8,162	7,982	7,086	795	10·2	1,689	4·1
Wrotham ... ..	...	4,094	4,169	3,571	8,883	0·4	801	4·7
TOTAL URBAN ... ..	706,490	682,086	711,443	643,932	119,448	5·7	128,393	4·6

\* These columns refer to ordinary dwelling-houses only, and do not include Shops, Hotels, Institutions, etc.

† The Civil Parish of Folkestone-next-Sandgate, is included in Sandgate for Public Health Administrative Purposes.

‡ In this column is shewn the population as estimated by the Medical Officer of Health where the same does not agree with the Registrar General's estimate.



TABLE 2.—Information relating to Population, Acreage, Number of Houses, etc., in the **Rural Districts** of the County of Kent.

DISTRICT.	† Population Estimated by M.O.H., 1915.	Registrar General's Estimate of Civil Population 1915.	Census popula- tion, 1911.	Census popula- tion, 1901.	Acreage inclu- sive of water.	Persons per acre, 1915.	*Inhabi- ted houses Census, 1911.	*Persons per house Census, 1911.
Ashford, East ... ..	...	13,925	13,616	13,112	54,800	0·25	3,099	4·1
Ashford, West .. ...	...	7,453	7,964	7,751	39,490	0·18	1,628	4·4
Blean... ..	...	7,267	7,597	7,054	26,884	0·27	1,616	4·0
Bridge ... ..	...	9,477	11,194	10,971	41,797	0·22	2,173	4·2
Bromley ... ..	...	23,058	21,958	18,808	28,839	0·79	4,231	4·5
Cranbrook ... ..	...	12,806	13,689	12,944	41,315	0·30	2,810	4·3
Dartford ... ..	42,870	39,870	39,909	37,532	37,997	1·04	6,776	4·8
Dover ... ..	...	7,132	8,299	6,270	27,121	0·26	1,438	4·4
Eastry ... ..	...	12,683	13,161	12,168	43,682	0·29	2,854	4·2
Elham ... ..	...	7,551	7,441	6,813	37,154	0·20	1,651	4·1
Faversham ... ..	...	14,474	14,129	15,132	44,000	0·32	2,984	4·4
Hollingbourn ... ..	12,846	12,432	12,845	12,546	57,670	0·21	2,818	4·2
Hoo ... ..	3,840	4,059	3,965	4,262	19,727	0·20	752	4·7
Maidstone ... ..	...	16,478	16,398	15,570	34,996	0·46	3,487	4·3
Malling ... ..	...	23,463	24,233	24,724	38,458	0·61	4,948	4·5
Milton ... ..	...	12,890	12,453	12,161	27,727	0·46	2,741	4·3
Romney Marsh ... ..	...	2,728	2,797	2,563	30,376	0·08	594	4·4
Sevenoaks ... ..	...	23,177	24,029	22,684	63,336	0·36	4,901	4·4
Sheppey ... ..	4,850	4,231	4,157	2,541	20,806	0·20	711	4·5
Strood ... ..	...	15,446	15,354	14,438	32,498	0·47	3,047	4·6
Tenterden .. ...	...	5,739	6,001	5,523	38,378	0·14	1,305	4·3
Thanet ... ..	...	9,518	10,564	9,494	18,639	0·52	1,897	4·3
Tonbridge ... ..	...	17,204	17,769	17,247	46,853	0·36	3,609	4·4
Total in Rural Districts	306,875	303,061	309,522	292,308	852,543	0·35	62,070	4·4
„ Urban „	706,490	682,086	711,443	643,932	119,448	5·7	128,393	4·6
Total for County ..	1,013,365	985,147	1,020,965	936,240	971,991	1·02	190,463	4·6

\* These columns refer to ordinary dwelling-houses only, and do not include Shops, Hotels, Institutions, etc.

† In this column is shewn the population as estimated by the Medical Officer of Health where the same does not agree with the Registrar General's estimate.



TABLE 3.—Showing the total number of deaths, deaths under one year of age, and the number of births—legitimate and illegitimate—which were registered in the different **Urban Districts** in the County of Kent during the year 1915.

DISTRICT.	DEATHS.			BIRTHS.				INFANTILE MORTALITY.			
	Total Deaths registered at all ages.	Net number of Deaths at all ages.	*Net Death-rate per 1,000 of the population.	Legitimate.	Illegitimate.	Total.	*Birth-rate.	Deaths of Infants under one year of age.			Deaths of Infants under one year of age per 1,000 Births.
								Legitimate.	Illegitimate.	Total.	
Ashford ... ..	187	213	15·0	255	12	267	19·2	27	1	28	105
Beckenham ... ..	282	323	10·3	536	11	547	16·3	36	1	37	68
Bexley... ..	233	277	14·9	381	18	399	21·6	42	2	44	111
Broadstairs and St. Peter's...	103	107	11·4	118	1	119	10·8	3	1	4	34
Bromley (Borough) ... ..	315	378	11·6	583	34	617	17·3	30	2	32	52
Chatham (Borough) ... ..	755	739	18·9	897	47	944	21·5	104	11	115	122
Cheriton ... ..	75	97	19·8	131	16	147	18·4	21	3	24	164
Chislehurst ... ..	67	87	10·5	159	8	167	18·4	18	—	18	108
Dartford ... ..	644	267	12·0	464	17	481	18·4	40	2	42	88
Deal (Borough) ... ..	212	205	19·5	205	12	217	18·9	20	4	24	111
Dover (Borough) ... ..	640	651	16·9	852	43	895	20·3	102	10	112	126
Erith ... ..	305	370	10·6	716	22	738	24·2	47	7	54	74
Faversham (Borough) ... ..	152	172	15·3	241	5	246	22·6	22	—	22	90
Folkestone (Borough) ... ..	507	517	15·5	605	51	656	16·6	72	3	75	115
Footscray ... ..	77	94	10·8	145	10	155	17·1	8	1	9	58
Gillingham (Borough) ... ..	611	605	13·5	1,058	11	1,069	19·6	99	2	101	95
Gravesend (Borough) ... ..	454	430	15·5	587	27	614	21·7	53	2	55	90
Herne Bay ... ..	104	122	16·9	113	—	113	13·9	6	—	6	53
Hythe (Borough) ... ..	91	110	16·5	126	13	139	21·0	11	1	12	87
Lydd (Borough) ... ..	Information not available.										
Maidstone (Borough) ... ..	600	527	16·5	658	46	704	19·5	57	15	72	103
Margate (Borough) ... ..	332	331	13·1	411	31	442	14·8	28	2	30	68
Milton Regis ... ..	139	96	13·8	137	10	147	19·3	6	2	8	55
New Romney (Borough) ... ..	28	24	19·7	20	1	21	15·8	1	1	2	95
Northfleet ... ..	192	230	15·6	393	15	408	28·2	36	—	36	89
Penge ... ..	258	336	15·2	393	28	421	18·8	34	5	39	93
Queenborough (Borough) ... ..	33	43	14·2	85	—	85	28·4	12	—	12	142
Ramsgate (Borough)... ..	427	450	17·4	472	29	501	16·6	35	2	37	74
Rochester (City) ... ..	555	465	15·0	627	34	661	20·9	45	8	53	81
Sandgate ... ..	27	29	16·9	13	1	14	5·0	1	—	1	72
Sandwich (Borough) ... ..	38	55	18·6	55	2	57	18·8	4	—	4	70
Sevenoaks ... ..	104	123	14·0	126	9	135	14·2	14	—	14	104
Sheerness ... ..	252	292	17·6	412	7	419	22·1	43	2	45	108
Sittingbourne ... ..	95	115	13·6	198	8	206	24·6	9	1	10	49
Southborough ... ..	95	112	17·1	114	7	121	17·3	11	1	12	99
Tenterden (Borough) ... ..	63	57	18·0	48	4	52	15·2	2	—	2	39
Tonbridge ... ..	181	203	14·6	261	15	276	17·9	21	1	22	80
Tunbridge Wells (Borough)... ..	537	556	16·7	532	24	556	15·3	44	7	51	92
Walmer ... ..	45	45	11·9	87	2	89	15·3	4	1	5	57
Whitstable ... ..	95	116	14·2	134	2	136	16·8	10	—	10	74
Wrotham ... ..	35	42	10·3	72	3	75	18·0	6	—	6	80
<b>TOTAL URBAN</b> ... ..	<b>9,845</b>	<b>10,011</b>	<b>14·7</b>	<b>13,420</b>	<b>636</b>	<b>14,056</b>	<b>19·0</b>	<b>1184</b>	<b>101</b>	<b>1,285</b>	<b>92</b>

\* See notes on pages 15 and 21.

TABLE 4.—Showing the total number of deaths, deaths under one year of age, and the number of births—legitimate and illegitimate—which were registered in the different **Rural Districts** in the County of Kent during the year 1915.

DISTRICT.	DEATHS.			BIRTHS.				INFANTILE MORTALITY.			
	Total Deaths registered at all ages.	Net number of Deaths at all ages.	*Net Death-rate per 1,000 of the population	Legitimate.	Illegitimate.	Total.	*Birth-rate.	Deaths of Infants under one year of age.			Deaths of Infants under one year of age per 1,000 births.
								Legitimate.	Illegitimate.	Total.	
Ashford, East ... ..	168	177	12·8	252	11	263	19·1	23	1	24	92
Ashford, West ... ..	123	106	14·3	98	10	108	13·5	7	1	8	74
Blean ... ..	107	94	13·0	123	4	127	16·4	7	—	7	56
Bridge... ..	314	144	15·2	195	16	211	18·6	15	1	16	76
Bromley ... ..	375	288	12·5	413	15	428	18·6	35	3	38	89
Cranbrook ... ..	193	192	15·0	226	17	243	17·5	17	4	21	87
Dartford ... ..	563	499	12·6	838	29	867	21·1	76	2	78	90
Dover ... ..	87	103	14·5	109	5	114	13·3	12	2	14	123
Eastry... ..	195	180	14·2	246	13	259	19·2	15	1	16	62
Elham... ..	170	120	15·9	115	3	118	15·5	11	2	13	111
Faversham ... ..	227	219	15·2	307	4	311	22·3	22	1	23	74
Hollingbourn... ..	180	189	15·3	201	5	206	16·1	18	—	18	88
Hoo ... ..	58	66	13·8	91	1	92	24·1	7	—	7	76
Maidstone ... ..	308	256	15·6	313	22	335	20·1	26	2	28	84
Malling ... ..	321	337	14·4	450	24	474	19·8	32	3	35	74
Milton... ..	186	185	14·4	271	5	276	22·0	33	1	34	125
Romney Marsh ... ..	32	37	13·6	53	4	57	20·4	5	—	5	88
Sevenoaks ... ..	279	283	12·2	393	18	411	16·8	28	2	30	73
Sheppey ... ..	67	67	15·9	91	2	93	19·4	7	1	8	86
Strood... ..	180	202	13·1	306	12	318	20·9	18	5	23	73
Tenterden ... ..	79	92	16·1	105	7	112	18·2	8	1	9	81
Thanet ... ..	248	142	15·0	129	24	153	14·0	12	1	13	85
Tonbridge ... ..	272	201	11·7	285	18	303	17·0	11	—	11	37
Total in Rural Districts ...	4,732	4,179	13·8	5,610	269	5,879	18·7	445	34	479	82
„ in Urban Districts ...	9,845	10,011	14·7	13,420	636	14,056	19·0	1,184	101	1,285	92
Total for County ... ..	14,577	14,190	14·5	19,030	905	19,935	18·9	1,629	135	1,764	89

\* See notes on pages 15 and 21.



The lowest birth-rate recorded was in Sandgate, viz., 5·0, and rates below 15 per 1,000 were recorded in the following urban districts :—Margate 14·8, Sevenoaks 14·2, Herne Bay 13·9 and Broadstairs 10·8.

In the rural districts, there was none with a rate so high as 25 per 1,000. Hoo was the highest with 24·1, and this district likewise had the highest rate in 1912, 1913 and 1914. The next highest rates were Faversham 22·3, Milton 22·0 and Dartford 21·1. The lowest rural rates were registered in Dover 13·3, West Ashford 13·5 and Thanet 14·0.

The majority of the above districts remain fairly constant with either high or low rates, as the case may be.

The birth-rate in England and Wales was 21·8 per 1,000, with which the rate of 18·9 in Kent compares unfavourably.

STILL-BIRTHS.—No information is forthcoming with reference to the number of still-births, except from the notifications of registered midwives, and these are obviously incomplete.

In the section devoted to consideration of the work of midwives it will be observed that 206 notifications of still-birth were received by the local supervising authority during 1915, as compared with 251 in the previous year, but these figures probably do not even approximate to the total of such occurrences. Reliable information will not be forthcoming until the registration of still-births is made compulsory.

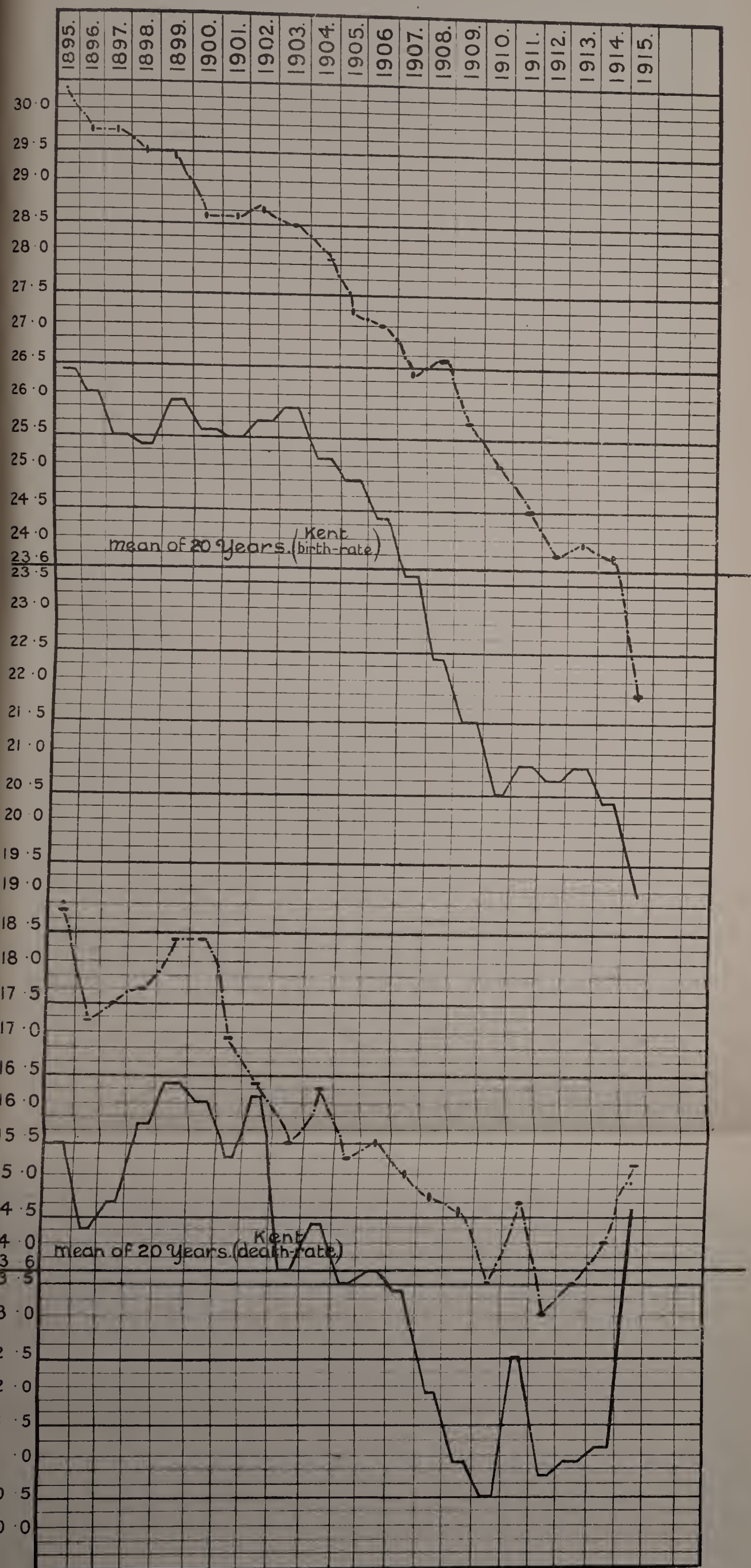
ILLEGITIMATE BIRTHS.—Table IV. of the forms issued by the Local Government Board requires that illegitimate births shall be distinguished from legitimate. It will be seen that 4·54 per cent. of all births were illegitimate. The percentage was practically the same in both the rural and the urban districts.

The following shows the percentage of illegitimate births, to the total births registered, in Kent, each year since 1895 :—

1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905
3·89	3·93	4·16	3·82	3·95	3·96	3·94	3·75	4·07	4·02	3·99
1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	
4·17	4·15	3·94	3·85	3·68	4·13	4·14	4·36	3·85	4·54	



Diagram showing the Birth Rates and Death Rates in the County of Kent, for the years 1895-1915 inclusive, compared with similar rates for England and Wales.



The two top lines shew the Birth Rates and the two bottom lines the Death Rates.

Kent shown thus —————

England and Wales shown thus - . - . - .

The above records are for the Administrative County, from and including 1908; previous to that year, records for the Registration County (shown) only are available.



DEATHS.—The total number of deaths registered in the county was 14,577, whilst the net number (with transfer corrections made) was 14,190. This is 1,609 more than the net aggregate of the previous year.

In present circumstances it has been found impracticable to assign to the district of residence, all deaths of soldiers occurring during 1915, and it has therefore been decided by the Registrar-General to limit the tabulation of deaths by local areas to deaths of civilians only. As the estimated populations also exclude members of H.M. Forces, the limitation referred to enables an accurate death-rate to be obtained relating to the *civil* population only. *It should especially be noted, however, that the death-rates for 1915, thus obtained, are hardly comparable with the rates of previous years,* and many medical officers of health (who, of course, have special knowledge of local circumstances affecting this question) apparently do not agree that the populations on which the rates are based are approximately correct.

The death-rate for Kent, per 1,000 of the population for 1915, is 14·5. This is a satisfactory return, and compares favourably with a death-rate of 15·1 for England and Wales. The corrected death-rate for England and Wales is 14·8, but owing to the variations of population, as previously mentioned, the 1915 rates for the sanitary districts in Kent have not been standardised as in recent years.

In the urban districts of Kent, 10,011 net deaths were registered, which is 1139 higher than the previous year's total and represents a rate of 14·7 per 1,000. In the combined rural districts there were 4,179 deaths. This is an increase of 470 on the previous year, and represents a rate of 13·8 per 1,000. The rural rate was therefore considerably lower than the urban rate.

The death-rates recorded in the different sanitary areas are more accurate than was the case in years previous to 1911, as since that year it has been the practice of the Registrar-General to forward to the County Medical Officer information relating to the deaths of persons who may have died in an area other than that in which they were usually resident. It is obvious that some such adjustment was necessary, otherwise those districts in which there is a large public institution receiving inmates from all over the country, might be debited with the deaths occurring in such institution. It had not often happened previously that such deaths were not deducted at the end of each year, but frequently the deaths so deducted were not debited against any other area. The information forwarded by the Registrar-General enables proper correction to be made, and the details are classified by the County Medical Officer's staff, who transmit them to the districts concerned. This fact of more fully debiting deaths against the districts has, of course, resulted in an



increased death-rate in those districts where it had not been possible to arrange for this correction previously. The rates for 1915, as stated above, are not corrected for differences in age and sex constitution of population.

Of the forty-one urban districts, a reference to Table 3 shows that five areas had death-rates of under eleven per 1,000. These were Wrotham 10·3, Beckenham 10·3, Chislehurst 10·5, Erith 10·6 and Footseray 10·8. On the other hand, five areas had rates of over eighteen per 1,000, viz., Cheriton 19·8, New Romney 19·7, Deal 19·5, Chatham 18·9 and Sandwich 18·6.

As regards rural districts, the following five had rates of under thirteen per 1,000, viz. : Tonbridge 11·7, Sevenoaks 12·2, Bromley 12·5, Dartford 12·6 and East Ashford 12·8. There were no excessively high rates, the highest being Tenterden with 16·1. Six others had rates of over fifteen per 1,000, whilst seven had rates between fourteen and fifteen, in addition to those enumerated. It will thus be seen that there was very little variation in the rates recorded. The record for the administrative county for the years 1908—1915 is as follows :—

Year .....	1908	1909	1910	1911	1912	1913	1914	1915
Urban Districts...	11·7	10·6	9·9	12·9	11·0	11·1	11·5	14·17
Rural Districts ...	12·5	11·7	11·5	11·3	9·7	10·3	10·2	13·8
Whole County ...	11·9	10·9	10·4	12·4	10·7	10·9	11·1	14·5

The diagram facing page 20 shows the fluctuations in the rate for the last twenty-one years, compared with the rate for England and Wales.

**INFANTILE MORTALITY.**—The infantile mortality rate is expressed as the rate per 1,000 births, of children dying under the age of one year. There were 19,935 births registered during the year, and 1,764 deaths of children under one year of age. The infantile mortality was therefore at the rate of 89 per 1,000 births, which compares unfavourably with the rates recorded in recent years. It is the highest rate, with one exception, which has been recorded in the county, for the last eight years, although lower than for any year previously. The rate of mortality in towns was higher than in the country, the figures being 92 and 82 respectively, as compared with rates

of 79 and 71 in the previous year. The record for the administrative county for the years 1908-1915 is as follows:—

Year. ....	1908	1909	1910	1911	1912	1913	1914	1915
Urban Districts..	89	82	79	111	78	79	79	92
Rural Districts ...	84	77	80	103	72	80	71	82
Whole County ...	88	81	79	109	76	80	77	89
England & Wales	121	109	106	130	95	109	105	110

Attention has previously been directed to the fact that the method of feeding infants is of the greatest importance in enabling them to pass successfully through the dangerous autumn months, and a comparison between the different causes of death registered among infants in the years 1914 and 1915, is instructive. These points are set out in the following tabulation:—

TABLE 7.—Showing the chief causes of death among infants, in the years 1914 and 1915.

CAUSE OF DEATH.	URBAN.		RURAL.	
	Numbers of Deaths.		Numbers of Deaths.	
	1914.	1915.	1914.	1915.
Premature birth ... ..	240	243	111	06 1
Pneumonia ... ..	89	192	35	56
Atrophy, debility and marasmus ...	154	155	66	66
Bronchitis ... ..	81	110	38	51
Convulsions ... ..	57	75	22	25
Enteritis ... ..	96	79	27	19
Whooping Cough ... ..	43	61	11	17
Diarrhœa ... ..	93	49	34	18

TABLE 5.—Showing causes of death among Infants under one year of age, in the **Urban Districts** of the County of Kent, during the year 1915.

CAUSE OF DEATH.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 weeks and under 3 Months.	3 Months and under 6 Months.	6 Months and under 9 Months.	9 Months and under 12 Months.	Total Deaths under 1 Year.
{	Small-pox	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...
	Measles	...	...	...	...	...	...	...	2	3	7	15	27
	Scarlet Fever	...	...	...	...	...	...	...	1	...	...	..	1
	Whooping-cough	...	...	...	...	...	...	...	5	16	25	15	61
	Diphtheria and Croup	...	...	...	..	...	1	1	1	1	...	2	5
	Erysipelas	...	...	...	2	...	...	2	1	...	...	...	3
	Tuberculous Meningitis	...	...	...	...	...	...	...	...	7	8	5	20
	Abdominal Tuberculosis	...	...	...	...	...	1	1	1	3	...	1	6
	Other Tuberculous Diseases	...	...	...	...	...	...	...	1	4	4	1	10
	Meningitis ( <i>not Tuberculous</i> )	...	...	...	...	1	1	2	1	6	4	3	16
	Convulsions	...	...	...	8	7	3	3	21	13	16	19	75
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...
	Bronchitis	...	...	...	1	6	3	4	14	22	22	24	110
	Pneumonia (all forms)	...	...	...	2	3	3	3	11	30	40	44	192
	Diarrhœa	...	...	...	...	1	3	...	4	10	9	18	49
	Enteritis	...	...	...	...	1	4	4	9	23	22	15	79
	Gastritis	...	...	...	...	...	...	1	6	2	1	2	12
	Syphilis	...	...	...	...	...	...	2	7	1	...	1	11
	Rickets	...	...	...	...	...	...	...	...	...	4	...	4
	Suffocation, overlying	...	...	...	5	...	...	1	6	8	2	...	17
	Injury at birth	...	...	...	4	1	...	...	5	...	...	...	5
	Atelectasis	...	...	...	9	2	...	...	11	...	1	...	12
	Congenital Malformations...	...	...	...	28	10	2	5	45	8	5	3	65
	Premature birth	...	...	...	174	21	17	9	221	19	2	1	243
	Atrophy, Debility and Marasmus...	...	...	...	39	11	20	3	73	28	30	10	155
	Other causes...	...	...	...	19	9	6	6	40	14	21	22	107
Totals				289	74	62	44	469	201	213	209	193	1285



TABLE 6.—Showing causes of death among Infants under one year of age, in the **Rural Districts** of the County of Kent, during the year 1915.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 Weeks and under 3 Months.	3 Months and under 6 Months.	6 Months and under 9 Months.	9 Months and under 12 Months.	Total Deaths under 1 Year.
{ Small-pox ... ..	...	...	...	...	...	...	...	...	...	...
{ Chicken-pox ... ..	...	...	...	...	...	...	...	...	...	...
{ Measles ... ..	...	...	...	...	...	...	2	1	1	4
{ Scarlet Fever ... ..	...	...	...	...	...	1	1	...	...	2
{ Whooping Cough ... ..	...	...	...	...	...	3	5	7	2	17
{ Diphtheria and Croup ... ..	...	...	...	...	...	...	...	1	1	2
{ Erysipelas ... ..	...	...	...	1	1	1	...	...	...	2
{ Tuberculous Meningitis ... ..	...	...	...	...	...	1	2	4	3	10
{ Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...
{ Other Tuberculous Diseases ... ..	...	...	...	...	...	...	1	4	1	6
{ Meningitis ( <i>not Tuberculous</i> ) ... ..	...	...	...	...	...	...	1	...	1	2
{ Convulsions ... ..	5	4	1	...	10	4	5	5	1	25
{ Laryngitis ... ..	...	...	...	...	...	...	...	...	...	...
{ Bronchitis .. ...	1	...	5	...	6	7	13	12	13	51
{ Pneumonia (all forms) ... ..	...	2	1	...	3	11	6	20	16	56
{ Diarrhœa ... ..	...	...	1	...	1	3	8	4	2	18
{ Enteritis ... ..	...	1	3	1	5	7	2	3	2	19
{ Gastritis ... ..	...	...	1	...	1	...	...	1	...	2
{ Syphilis ... ..	...	...	...	1	1	2	2	...	...	5
{ Rickets .. ...	...	...	...	...	...	...	...	...	...	...
{ Suffocation, overlying .. ...	1	...	1	1	3	2	...	...	...	5
{ Injury at Birth ... ..	6	...	...	...	6	...	...	...	...	6
{ Atelectasis ... ..	1	...	...	...	1	...	...	...	...	1
{ Congenital Malformations ... ..	8	4	2	...	14	...	1	...	2	17
{ Premature Birth ... ..	70	18	8	4	100	3	3	...	...	106
{ Atrophy, Debility and Marasmus ... ..	23	4	4	...	31	18	10	4	3	66
{ Other Causes .. ...	7	4	3	1	15	12	12	10	8	57
Totals ... ..	122	37	30	9	198	75	74	76	56	479

It will be observed that the total deaths amongst infants in urban and rural districts, from pneumonia, bronchitis, convulsions and whooping-cough, show an increase compared with the previous year, whilst the deaths from diarrhœa and enteritis, show a decrease. The differences are particularly marked in the case of pneumonia and diarrhœa. As regards premature birth, atrophy, debility and marasmus, the number of deaths have remained constant.

Tables 5 and 6 are of interest, since they indicate the various causes which are contributory to this infantile mortality. The ages at which the infants died are also set out. It will be observed that the deaths of 1,764 infants have been classified, and that between one-half and three-fifths of these (943), occurred during the first three months of life; three-eighths of the whole (667), were registered during the first month; and nearly one-fourth during the first week. The causes contributing to this rate of mortality have already been referred to, and it will suffice to call attention to the fact that of the 667 children dying under the age of one month, 321 deaths were ascribed to prematurity, 104 to the group which includes atrophy, debility, and marasmus, and 59 to congenital defects—a total of 484 deaths from these three groups of ailments.

Out of the 1,764 deaths, 135 were of illegitimate children. There were only 905 births of illegitimate children registered, so that the infantile mortality rate among them was 150 per 1,000, as against a rate of 86 among those born in wedlock. This is a significant fact. The rates for 1914 were 175 and 73 respectively.

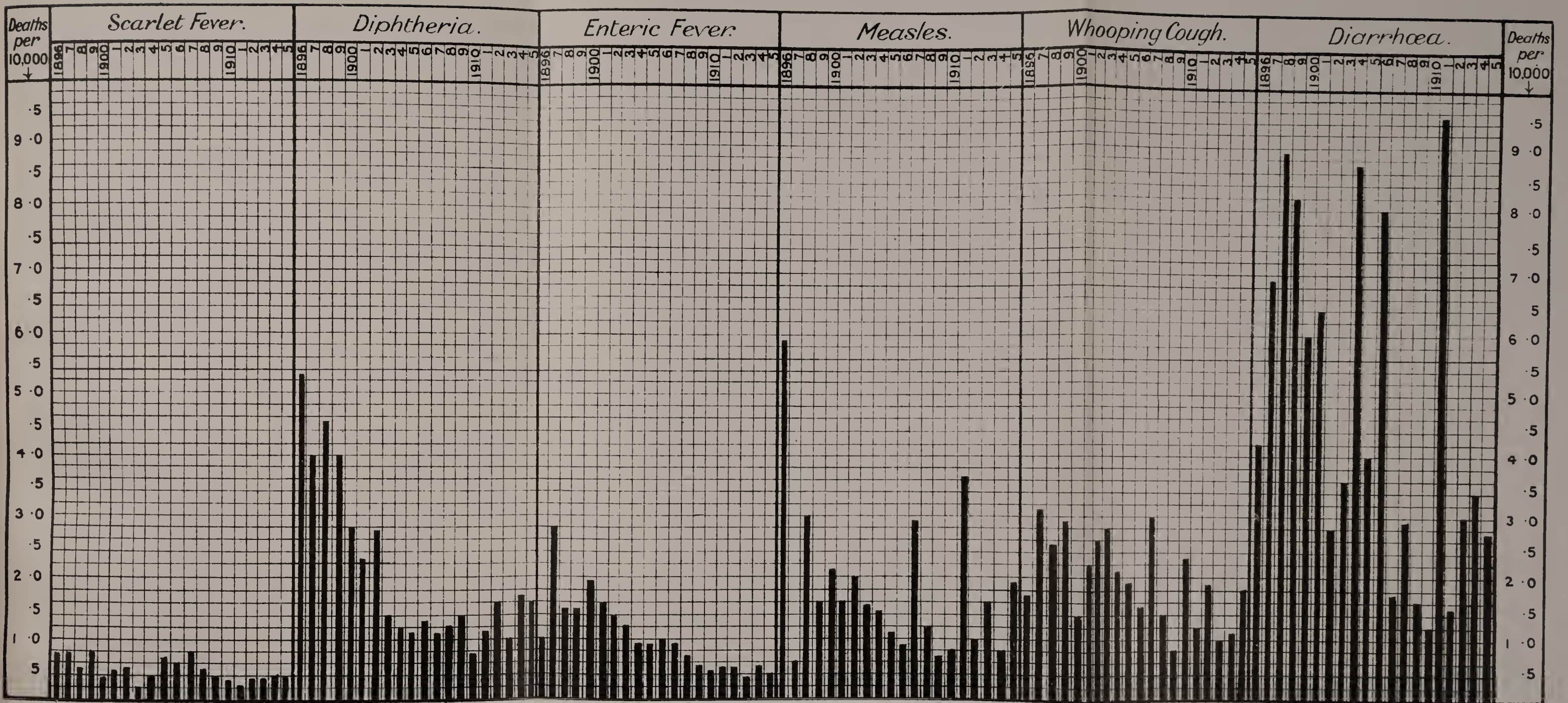
The following summary shews a comparison of the death-rates among illegitimate children per thousand such births, with the death-rates among legitimate infants, for each of the years 1908 to 1915 :—

Year.		1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915
Rate of deaths per 1000 births among	Legitimate infants ...	80	77	75	104	74	76	73	86
	Illegitimate infants ...	178	164	185	228	138	149	175	150

The variations in the infantile mortality rate in the different districts are considerable, and urban rates are recorded from 34 in Broadstairs to 164 in Cheriton. It will be noticed generally, that if there are any extremely high or extremely low rates, they are recorded in small districts, where the difference of a few deaths makes a large variation in the rate.



Diagram showing the Death Rates (per 10,000 persons living) from Scarlet Fever, Diphtheria, Enteric Fever, Measles, Whooping Cough, and Diarrhœa, in the County of Kent for each of the years 1896 to 1915 inclusive.



*The above records are for the Administrative County from and including 1908; previous to that year, records for the Registration County (shown) only are available.*





The lowest rates, after Broadstairs, were Tenterden 39, Sittingbourne 49, Bromley 52, Herne Bay 53, Milton Regis 55, Walmer 57, and Footscray 58 ; and the highest rates, after Cheriton, were recorded in Queenborough 142, Dover 126, and Chatham 122.

In the rural districts, there were very satisfactory rates in Tonbridge 37, Blean 56 and Eastry 62. The highest rates were recorded in Milton 125, Dover 123 and Elham 111.

### ZYMOTIC MORTALITY.

For statistical purposes, only the mortality from the seven chief zymotic diseases is included in the return known as “zymotic mortality.” The diseases are small-pox, scarlet fever, diphtheria (and membranous croup), enteric (and typhus and continued fevers), measles, whooping cough and diarrhœa (including enteritis). The following table gives particulars relating to the prevalence of, and the mortality from, these diseases in the whole county, and a comparison with the mortality recorded in the whole of England and Wales, for the year 1915 :—

Disease.	No. of Cases.	No. of Deaths.	Rates of Deaths.		Death-rate in England and Wales in 1915 per 1,000 Living Persons.
			Per 100 Persons Attacked.	Per 1,000 Persons Living.	
Small-pox .....	2	—	Nil.	Nil.	0·00
Scarlet Fever .....	2862	38	1·33	0·04	0·06
Diphtheria and Membranous Croup ...	2136	153	7·17	0·16	0·15
Enteric, Typhus and Continued Fevers ...	221	34	15·39	0·04	0·04
Measles ... ..	Not notifiable	186	?	0·19	0·43
Whooping Cough ...	Do.	172	?	0·18	0·21
Diarrhœa (including Enteritis) .....	Do.	257	?	0·27	*
Totals ... ..	—	840	—	0·86	—

\* The death-rate per 1,000 persons in England and Wales from diarrhœa and enteritis, is not given in the Registrar-General's Summary. The rate of children dying under two years of age from these diseases, per 1,000 births, is as follows :—

England and Wales 18·18. Kent 10·14.

Compared with the previous year, it is found that in each of the notifiable diseases above tabulated, there was a lesser number of cases in 1915. In the case of scarlet fever and diphtheria the fatality was higher, whilst in enteric fever it was practically the same. The zymotic mortality per 1,000 persons living was slightly higher than that recorded in the previous year, the chief contributing disease being diarrhœa.

The diagram facing page 26 is interesting as shewing a comparison of the death-rates in Kent per 10,000 persons living, from each of the zymotic diseases except small-pox, during the last twenty years.

## ISOLATION HOSPITALS.

There are forty-two isolation hospitals in the county, in which accommodation is provided for 1,415 patients suffering from infectious ailments *other than small-pox*. Four isolation hospitals, the Isle of Thanet, Bromley and Beckenham, Keycol Hill and St. William's, Rochester, are large institutions containing 100 or more beds each. They are provided by combinations of authorities.

The following is a list of these hospitals, together with the accommodation which they provide and the number of diseases which can be concurrently isolated :—

## ISOLATION HOSPITALS PROVIDED BY SEPARATE AUTHORITIES.

A. *Urban Districts.*

District.	No. of Beds.	No. of Separate Diseases.	Remarks.
Ashford... ..	43 ?	3	
Bexley ... ..	44	2	{ Pauper cases treated at Bow Arrow Hospital, Dartford.
Cheriton ... ..	16	1	{ This hospital also receives cases from Hythe.
Dover ... ..	50	3	{ This hospital is also used by the Rural District of Dover.
Erith ... ..	52	2	
Faversham .. ..	16	2	{ This hospital will also admit cases from Faversham R.D. if necessity arises, and <i>vice versâ</i> .
Folkestone ... ..	49	3	{ This hospital is used by Sandgate. In addition, the War Office has erected two temporary blocks for the accommodation of military cases.
Gillingham ... ..	50	3	
Gravesend ... ..	20	1	
Herne Bay ... ..	8	1	{ Herne Bay also have an arrangement to use the Blean Hospital.
Lydd ... ..	6	3	
Maidstone .. ..	20	2	
Penge ... ..	—	5	{ The Borough of Croydon isolates and treats, by agreement, all cases of infectious disease arising in Penge.
Sevenoaks ... ..	12	3	
Southborough ... ..	6	1	
Tonbridge ... ..	37	3	
Tunbridge Wells ... ..	57	4	
*Wrotham ... ..	16	2	

\* This was built as a small-pox hospital, but is used to accommodate cases of the ordinary infectious diseases on the few occasions when outbreaks occur.



*B. Rural Districts.*

District.	No. of Beds.	No. of Separate Diseases.	Remarks.
Elham ... ..	9	2	
Eastry ... ..	18	2	{ This hospital is also used by Sandwich Borough.
East Ashford ... ..	14	2	
Bridge ... ..	31	3	
Blean ... ..	34	3	{ This hospital is also used by Herne Bay and Whitstable.
Cranbrook ... ..	5	1	
Faversham ... ..	36	4	{ Cases can be sent to Faversham U.D. hospital, by arrangement, if neces- sity arises, and <i>vice versâ</i> .
*Hollingbourn ... ..	22	2	
Hoo ... ..	18	2	
Maidstone ... ..	16	2	
Malling ... ..	25	3	
Romney Marsh ... ..	16	2	{ This hospital is used by the Borough of New Romney.
Sevenoaks—Hever ... ..	12	2 (? 3)	
„ Otford ... ..	12	2 (? 3)	{ Accommodation for at least six more patients in wooden buildings and Berthon tents.
Sheppey ... ..	12	1	
Strood ... ..	56	3	Cases also received from Northfleet.
Tonbridge ... ..	21	3	
West Ashford ... ..	10	1	

## JOINT HOSPITALS.

District.	No. of Beds.	No. of Separate Diseases.	Authorities contributing.
Bromley and Becken- ham Joint Hospital }	120	3	{ Borough of Bromley. Beckenham Urban District. Chislehurst Urban District. Footscray Urban District. Bromley Rural „
Isle of Thanet Joint Hospital }	116	3	
St. William's Hos- pital, Rochester }	100	3	
Keycol Hill Hospital, Bobbing }	102	4	
Deal and Walmer ... ..	20	2	{ Deal Borough. Walmer Urban District.
Dartford ... ..	88	3	

\* Now temporarily used as a small-pox hospital. Arrangements made with Maidstone R.D.C. to receive cases of ordinary infectious disease arising in Hollingbourn.

The following information relates to improvements made during the year 1915, and to existing defects and deficiencies, in connection with the isolation hospitals in the county :—

*Ashford.*—Two new wards were added to the diphtheria block, and a new wing to the nurses' quarters.

*Bexley.*—The building of the new lower hospital has been completed at a total cost of £363 10s. 0d. The new building, together with the administrative block and the pavilion, have been fitted with electric lighting.

*Cheriton.*—The mortuary, wash-house and disinfecting room, which were constructed of timber and corrugated iron, were destroyed by fire. They have been re-erected in brickwork. Two large wards which were very draughty have been lined with fire-proof sheeting.

*Erith.*—New diphtheria wards have been erected, namely, two wards of six beds each and two cots, and two observation wards with one bed in each. Owing to the increased population of the district due to the war, it was necessary to arrange for some cases of infectious disease to be admitted to the Metropolitan Asylums Board Hospital at Joyce Green.

*Folkestone.*—The War Office have erected two blocks containing two wards and a ward kitchen, which accommodate forty-four patients, and also an administrative block containing one sitting room, one bathroom and nine bedrooms. It is suggested that an observation block is required.

*Gillingham.*—Many improvements have been made at the Alexandra Hospital, Wigmore (formerly for small-pox), at which cases of "spotted fever" are now accommodated. There are several out-standing repairs at the ordinary infectious diseases hospital, in abeyance on account of the war.

*Queenborough.*—The present slow form of transport of cases of infectious diseases from Queenborough to the isolation hospital at Keycol Hill is to be remedied after the war.

*Rochester.*—A military pavilion of twenty-two beds has been erected during the year.

*Sandwich.*—Arrangements have been made with the Eastry Rural District Council for the isolation and treatment of cases of cerebro-spinal meningitis in a building which has been taken over by the latter authority for the purpose.

*Tunbridge Wells.*—Painting and decorating of the wards—interior and exterior—have been undertaken during the year. One block has been enamel-painted inside.

The administrative block requires enlarging. Plans for this work have been approved by the Local Government Board, but the matter stands in abeyance until after the war.

*Wrotham.*—Pedestal closets should be substituted for the present unsatisfactory ones. The woodwork of the building requires painting.

*Blean Rural.*—There is no steam disinfecter at this hospital and no bathroom in the scarlet fever block.

*Cranbrook Rural.*—Site of two acres acquired for additional hospital accommodation. It is not intended to go forward with building until the end of the war.

*Faversham Rural.*—A new Reck disinfecter has been installed at Beacon Hill Hospital. The temporary building has been re-drained and new w.c.'s put in.

*Sevenoaks Rural.*—The question of the provision of additional accommodation at the Otford hospital was receiving consideration at the end of the year.

*Tonbridge Rural.*—During the year the wards were fitted with hot water pipes for heating purposes, and the premises were lighted with petrol gas.

*Keycol Hill Hospital (Milton, etc.).*—An extension of the quarters for the nursing staff has been made during the year.

#### SMALL POX HOSPITALS.

The question of hospital accommodation for cases of small-pox, has received great consideration since the outbreak of war. Following a circular letter on this subject from the Secretary of the Local Government Board, dated August 28th, 1914, each district council in Kent was approached on this matter. After extended negotiations, and a meeting with all authorities without adequate accommodation, I am glad to be able to state that, at the time of writing this report, every district except one in the county is in a position to offer immediate hospital treatment for any case of this disease



which might arise. The following tabulation sets out the present position of affairs in detail :—

*Urban Districts :—*

District.	Populatlon Served.	No. of Beds.	Remarks.
*Ashford.....	<i>See West Ashford</i>		
Beckenham .....	104,474 .....	24	Joint Hospital, capable of large extension
Bromley Borough.....			
Chislehurst .....			
Footscray .....			
Bromley Rural.....			
Bexley .....	18,660 .....	?	Arrangement with Metropolitan Asylums Board
Broadstairs and St. Peter's	70,118 .....	16	Joint Hospital
Margate .....			
Ramsgate .....			
Thanet, Isle of.....			
Bromley .....	<i>See Beckenham</i>		
Chatham .....	134,936 .....	18	Joint Hospital capable of large extension See Note against Gillingham
Rochester .....			
Also * <i>Hoo</i>			
* <i>Gillingham</i>			
Cheriton .....	<i>See Hythe</i>		
Chislehurst .....	<i>See Beckenham</i>		
Dartford .....	22,337 .....	?	Arrangement with M.A.B.
*Deal .....	<i>See Eastry Rural</i>		
Dover .....	45,073 .....	20	Capable of large extension
Also * <i>Dover Rural</i>			
Erith.....	35,238 .....	?	Arrangement with M.A.B.
Faversham ...	11,272.....	8	Arrangements now entered into to reserve this hospital for cases of cerebro-spinal meningitis occurring in the Urban and Rural Districts of Faversham, and to use the R.D. Hospital for all small-pox cases.
Folkestone .....	32,753 .....	6	
Footscray .....	<i>See Beckenham</i>		
Gillingham .....	43,058 .....	16	Arrangements have now been made to reserve this hospital for cases of cerebro-spinal meningitis occurring in Rochester, Chatham and Gillingham. Cases of small-pox arising in Gillingham will be removed to the small-pox hospital at Rochester.
Gravesend.....	27,808 .....	24	
Also * <i>Strood Rural</i>			

# Small-pox Hospitals.

33

District.	Population Served.	No. of Beds.	Remarks.
Herne Bay .....	14,505 .....	12	
<i>Also *Blean Rural</i>			
Hythe .....	19,162 ..	8	Joint Hospital.
Cheriton Urban .....			
Elham Rural .....			
Lydd .....	<i>See New Romney</i>		
Maidstone.....	32,128 ..		No accommodation available. <i>At the time of writing, negotiations are proceeding.</i>
Margate .....	<i>See Broadstairs</i>		
Milton Regis .....	47,961 .....	16	Joint Hospital capable of large extension
Sittingbourne .....			
Milton Rural .....			
<i>Also *Queenborough</i>			
<i>*Sheerness</i>			
New Romney .....	6,286 ..	12	Joint Hospital.
Romney Marsh .....			
Lydd.....			
Northfleet .....	14,756 .....	6	
Penge .....	22,218 .....	89	Joint Hospital with Croydon and Wimbledon
*Queenborough .....	<i>See Milton Regis</i>		
Ramsgate .....	<i>See Broadstairs</i>		
Rochester .....	<i>See Chatham</i>		
Sandgate .....	1,723 .....	8	
*Sandwich .....	<i>See Eastry Rural</i>		
*Sevenoaks.....	<i>See Southborough</i>		
*Sheerness .....	<i>See Milton Regis</i>		
Sittingbourne .....	<i>See Milton Regis</i>		
Southborough .....	103,119 .....	24	Joint Hospital, capable of large extension
Tonbridge Urban.....			
Tonbridge Rural .....			
Tunbridge Wells.....			
<i>Also *Sevenoaks Urban</i>			
<i>*Sevenoaks Rural</i>			
*Tenterden Borough .....	<i>See Hollingbourn</i>		Capable of large extension
Tonbridge.....	<i>See Southborough</i>		
Tunbridge Wells .....	<i>See Southborough</i>		
*Walmer.....	<i>See Eastry Rural</i>		
Whitstable .....	8,162 .....	12	Capable of large extension.
Wrotham .....	4,094 .....	16	

*Rural Districts :—*

District.	Population Served.	No. of Beds.	Remarks.
Ashford, East .....	13,925 .....	6	
Ashford, West .....	21,653 .....	12	
Also *Ashford Urban			
*Blean.....	See Herne Bay		
*Bridge .....	See Eastry		
Bromley .....	See Beckenham		
*Cranbrook.....	See Hollingbourn		
Dartford .....	39,870 .....	? Arrangement with M.A. B.	
*Dover.....	See Dover Borough		
Eastry .....	} 39,491 .....	30	
Also *Deal Borough			
*Sandwich			
*Walmer			
*Bridge Rural			
Elham .....	See Hythe		
Faversham .....	} 25,746 .....	4	See Note against Faversham Borough
Also *Faversham Borough			
Hollingbourn .....	} 50,633 .....	22	
Also *Tenterden Borough			
*Maidstone Rural			
*Cranbrook ,,			
*Tenterden ,,			
*Hoo .....	See Chatham		
*Maidstone.....	See Hollingbourn		
Malling.....	23,463 .....	10	
Milton .....	See Milton Regis		
Romney Marsh .....	See New Romney		
*Sevenoaks .....	See Southborough		
Sheppey .....	4,231 .....	8	
*Strood .....	See Gravesend.. ..		Also additional arrangement with Port of London Authority
*Tenterden.. ..	See Hollingbourn		
Thanet, Isle of.....	See Broadstairs		
Tonbridge .....	See Southborough		

\*These districts do not possess their own small-pox hospital, but have made arrangements with other districts as wn



## NOTIFIABLE DISEASES.

The county death-rates from the chief notifiable ailments are set out on page 27, but these rates do not give an accurate idea of the prevalence of these diseases. To bring out this latter fact more clearly, and to render the information obtained from the reports available for purposes of comparison, table 10 has been prepared, which indicates the rates of attack of diphtheria, scarlet fever, and enteric fever, per 1,000 of the population in the different districts.

As regards the county as a whole, it will be noticed that 2·17 per 1,000 of the inhabitants suffered from diphtheria, 2·91 from scarlet fever, and 0·23 from enteric fever, compared with 2·49, 3·58 and 0·26 respectively in the previous year. It will thus be seen that the attack-rates in the year under review show a decrease. Divided among urban and rural districts, it will be noted that in scarlet fever and enteric fever the incidence in urban districts was greater than in rural, whilst the reverse was the case as regards diphtheria.

Certain points respecting these different diseases require separate mention.

**SMALL-POX.**—Numbers of cases notified, and mortality, during the past eight years :—

Year.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	
								Kent.	England and Wales.
Cases notified	15	0	2	27	3	1	2	2	90
Death-rate...	0·00	<i>nil</i>	0·00	0·00	<i>nil</i>	0·00	0·00	<i>nil</i>	0·00

The two cases of this disease notified during the year occurred at Folkestone and Gravesend respectively.

*Folkestone.*—This case (discrete type) was discovered on s.s. Mecklenberg, from Flushing, on her arrival on January 25th. The patient was a stewardess on board, and the rash was just appearing, following a history of supposed

**TABLE 8**—Shewing the Number of Cases of Infectious Disease notified in each of the **Urban Districts** in the County of Kent, and the Number of such Cases which were treated in Hospital, during the year 1915.

DISTRICT.	Small-pox.	Diphtheria including Membranous Croup	Erysipelas.	Fevers.			Cerebro-spinal Meningitis.	Polio-myelitis.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Cases removed to Hospital.							
				Scarlet.	Enteric.	Puerperal.						Small pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Cerebro-spinal Meningitis.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Others.
Ashford ...	...	29	5	44	...	...	3	...	5	6	...	...	29	44	...	3	...	...	...
Beckenham ...	...	35	14	55	4	1	1	...	1	31	13	...	27	41	1	1	...	...	...
Bexley ...	...	11	18	107	..	1	1	...	2	30	4	...	3	94	...	...	...	...	...
Broadstairs & St. Peter's...	...	9	6	17	1	...	1	1	...	18	7	...	5	12	...	...	...	...	...
Bromley (Borough)...	...	118	20	108	3	4	2	...	6	44	25	...	105	93	2	1	...	...	...
Chatham (Borough)...	...	98	27	130	4	1	12	...	9	71	9	...	57	101	4	4	...	...	...
Cheriton ...	...	23	2	35	...	1	1	...	1	5	1	...	...	23	...	1	...	...	...
Chislehurst ...	...	14	10	20	2	...	...	...	...	15	3	...	14	15	1	...	1	...	...
Dartford ...	...	31	28	186	9	...	7	...	...	25	3	...	27	165	4	3	...	...	...
Deal (Borough) ...	...	10	2	34	1	...	...	...	...	10	10	...	...	30	...	...	...	...	...
Dover (Borough) ..	...	35	22	135	59	1	16	...	7	57	34	...	15	81	13	16	...	...	...
Erith ...	...	105	21	231	3	1	4	1	...	45	11	...	58	198	...	...	...	...	...
Faversham (Borough)...	...	24	15	37	1	...	2	...	4	17	4	...	21	32	1	2	4	...	...
Folkestone (Borough)...	1	74	20	74	8	2	3	...	4	45	24	1	72	70	7	..	19	...	...
Footscray ...	...	7	3	5	...	...	1	...	...	8	1	...	4	2	...	...	...	...	...
Gillingham (Borough)...	...	94	32	139	5	3	5	...	13	84	23	...	53	92	3	3	...	...	...
Gravesend (Borough)...	1	95	27	61	8	...	7	..	7	51	29	1	45	39	6	...	...	...	...
Herne Bay ...	...	7	2	18	2	...	...	...	...	17	5	...	6	17	...	...	...	...	...
Hythe (Borough) ...	...	...	2	35	...	...	3	...	...	7	2	...	...	11	...	2	...	...	...
Lydd (Borough)...	...	Information not available.																	
Maidstone (Borough)...	...	27	29	81	15	..	5	...	5	52	11	...	26	39	5	5	...	..	...
Margate (Borough) ...	...	47	10	53	8	...	...	1	2	51	26	...	41	45	6	...	16	10	...
Milton Regis ...	...	19	3	17	2	1	1	...	...	8	1	...	19	16	2	1	...	...	...
New Romney (Borough)...	...	4	...	2	...	...	...	...	...	...	1	...	4	1	...	...	...	...	...
Northfleet ..	...	13	8	33	2	...	...	...	...	20	19	...	3	2	...	...	...	...	...
Penge ...	...	24	7	49	...	...	4	...	..	38	8	...	21	27	...	3	14	4	...
Queenborough (Borough) ..	...	4	9	5	2	...	...	...	...	6	2	...	4	5	2	...	...	...	...
Ramsgate (Borough)...	...	67	61	46	11	1	...	...	4	73	37	...	47	35	8	...	..	...	...
Rochester (City)...	...	68	21	72	3	2	3	...	13	42	14	...	44	56	3	1	...	...	...
Sandgate...	...	4	1	3	...	...	1	...	...	1	1	...	3	1	...	...	..	...	...
Sandwich (Borough)...	...	1	...	...	...	...	...	...	1	3	1	...	...	...	...	...	...	...	...
Sevenoaks ..	...	4	3	5	..	1	1	...	...	20	6	...	4	5	...	1	5	1	...
Sheerness ...	...	130	15	56	20	2	5	4	1	31	5	...	113	50	16	...	...	...	...
Sittingbourne ...	...	33	3	35	4	...	2	...	...	18	2	...	32	33	4	1	...	...	...
Southborough ...	...	9	4	5	...	1	1	...	...	24	1	...	10	4	1	...	4	...	...
Tenterden (Borough)...	...	1	...	22	...	...	...	...	...	1	1	...	...	...	...	...	..	...	...
Tonbridge ...	...	17	10	36	2	...	...	...	..	11	2	...	16	36	2	...	2	...	...
Tunbridge Wells (Borough)...	...	83	9	18	1	2	8	3	5	51	17	...	80	18	1	6	15	4	...
Walmer ...	...	1	...	8	1	...	...	1	..	5	1	...	...	6	...	...	...	...	...
Whitstable ...	...	54	4	14	...	...	...	...	...	21	1	...	28	7	...	...	...	...	...
Wrotham ...	...	4	1	4	...	...	...	...	1	4	...	...	3	...	...	...	...	...	...
<b>TOTAL URBAN...</b>	<b>2</b>	<b>1433</b>	<b>474</b>	<b>2035</b>	<b>181</b>	<b>25</b>	<b>100</b>	<b>11</b>	<b>91</b>	<b>1066</b>	<b>365</b>	<b>2</b>	<b>1039</b>	<b>1546</b>	<b>92</b>	<b>54</b>	<b>80</b>	<b>19</b>	<b>...</b>



TABLE. 9.—Shewing the number of Cases of Infectious Disease notified in each of the **Rural Districts** in the County of Kent, and the Number of such Cases which were treated in Hospital, during the year 1915.

DISTRICT.	Small-pox.	Diphtheria including Membranous Croup	Erysipelas.	Fevers.			Cerebro-spinal Meningitis	Poliomyelitis.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Cases removed to Hospital.							
				Scarlet.	Enteric.	Puerperal.						Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Cerebro-spinal Meningitis.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Others.
Ashford, East ... ..	...	27	3	20	1	1	3	...	...	12	2	...	22	15	...	3	...	...	1
Ashford, West ... ..	...	23	...	22	1	...	2	...	...	13	2	...	11	14	...	...	...	...	...
Blean ... ..	...	14	2	20	...	...	...	...	...	11	2	...	6	17	..	...	...	...	...
Bridge .. ...	...	14	3	67	1	...	...	...	1	9	...	...	13	54	...	...	...	...	..
Bromley ... ..	...	67	17	28	1	1	2	...	1	19	5	...	58	25	...	...	5	2	...
Cranbrook ... ..	...	10	4	26	...	...	1	2	2	11	1	...	1	15	...	...	3	...	...
Dartford ... ..	...	113	34	198	8	...	5	4	2	44	19	...	109	152	7	...	...	...	1
Dover ... ..	...	3	1	7	3	...	...	...	...	7	1	...	3	3	2	...	...	...	...
Eastry .. ...	...	22	7	33	...	1	...	...	...	17	4	...	2	19	...	...	...	...	...
Elham ... ..	...	3	10	19	2	1	3	...	...	9	1	...	1	15	..	1	...	...	...
Faversham ... ..	...	87	4	44	...	...	2	...	2	19	7	...	84	42	...	2	5	...	1
Hollingbourn ... ..	...	27	8	61	1	...	...	...	...	18	...	...	8	27	...	...	...	...	...
Hoo ... ..	...	10	...	18	1	...	...	...	...	11	...	...	9	14	1	...	...	...	...
Maidstone ... ..	...	59	1	44	...	...	..	...	...	19	3	...	43	25	...	...	2	...	..
Malling ... ..	...	18	9	49	8	2	3	...	...	49	12	...	18	33	4	3	...	...	..
Milton ... ..	...	47	5	37	4	...	1	...	2	7	3	...	43	37	3	1	...	...	...
Romney Marsh ... ..	...	3	...	5	...	...	1	...	...	2	...	...	3	5	...	1	...	...	...
Sevenoaks ... ..	...	104	8	36	1	2	1	...	...	35	2	...	62	27	1	...	9	...	...
Sheppey ... ..	...	16	2	13	5	...	...	...	...	2	...	..	13	9	4	...	...	...	...
Strood ... ..	...	20	10	43	2	...	...	...	2	24	5	...	4	36	1	..	..	...	...
Tenterden ... ..	...	...	...	...	...	...	1	...	...	4	...	...	...	...	...	..	...	...	...
Thanet ... ..	...	1	6	21	...	...	...	...	..	7	6	...	1	15	...	...	...	...	...
Tonbridge ... ..	...	15	6	16	1	1	...	...	1	33	6	...	14	11	...	...	8	...	...
Total in Rural Districts ... ..	...	703	140	827	40	9	25	6	13	382	81	...	528	610	23	11	32	2	3
Total in Urban Districts ... ..	2	1433	474	2035	181	25	100	11	91	1066	365	2	1039	1546	92	54	80	19	19
Total for County	2	2136	614	2862	221	34	125	17	104	1448	446	2	1567	2156	115	65	112	21	22



TABLE 10.—Incidence per 1,000 of population of notified cases of Scarlet Fever, Diphtheria, and Enteric Fever.

URBAN.				RURAL.			
District.	Diphtheria.	Scarlet Fever.	Enteric Fever.	District.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford ... ..	2·05	3·10	—	Ashford, East ...	1·94	1·44	0·08
Beckenham ... ..	1·11	1·43	0·13	Ashford, West ...	3·09	2·96	0·14
Bexley ... ..	0·59	5·74	—	Blean... ..	1·93	2·76	—
Broadstairs and St. Peter's ... ..	0·96	1·81	0·11	Bridge ... ..	1·59	7·07	0·11
Bromley (Borough)...	3·61	3·30	0·10	Bromley ... ..	0·27	1·22	0·05
Chatham (Borough)...	2·50	3·32	0·11	Cranbrook ... ..	0·79	2·04	—
Cheriton ... ..	4·69	7·13	—	Dartford ... ..	2·84	4·97	0·21
Chislehurst ... ..	1·68	2·40	0·24	Dover ... ..	0·43	0·99	0·43
Dartford ... ..	1·39	8·36	0·41	Eastry ... ..	1·74	2·61	—
Deal (Borough) ...	0·95	3·22	0·10	Elham ... ..	0·40	2·52	0·27
Dover (Borough) ...	0·91	3·48	1·53	Faversham ... ..	6·02	3·04	—
Erith... ..	2·99	6·56	0·09	Hollingbourn ...	2·18	4·91	0·09
Faversham (Borough)	2·13	3·29	0·09	Hoo .. ...	2·47	4·44	0·25
Folkestone (Borough)	2·27	2·27	0·25	Maidstone ... ..	3·59	2·68	—
Footscray ... ..	0·81	0·58	—	Malling ... ..	0·77	2·09	0·35
Gillingham (Borough)	2·09	3·09	0·12	Milton ... ..	3·65	2·88	0·32
Gravesend (Borough)	3·42	2·20	0·29	Romney Marsh ...	1·10	1·84	—
Herne Bay ... ..	0·97	2·49	0·28	Sevenoaks . . .	4·49	1·56	0·05
Hythe (Borough) ...	—	5·23	—	Sheppey ... ..	3·79	3·08	1·19
Lydd (Borough) Infor	Information not available			Strood ... ..	1·24	2·79	0·13
Maidstone (Borough)	0·85	2·53	0·47	Tenterden ... ..	—	—	—
Margate (Borough)...	1·87	2·10	0·31	Thanet ... ..	0·11	2·21	—
Milton Regis ... ..	2·73	2·44	0·29	Tonbridge ... ..	0·88	0·94	0·06
New Romney (Boro')	3·28	1·63	—	<b>VARIOUS.</b>			
Northfleet ... ..	0·89	2·31	0·14	Urban Districts ..	2·11	2·99	0·27
Penge ... ..	1·09	2·21	—	Rural Districts ...	2·32	2·73	0·14
Queenborough (Boro')	1·32	1·65	0·65	Whole County ...	2·17	2·91	0·23
Ramsgate (Borough)	2·21	1·78	0·43				
Rochester (City) ..	2·19	2·32	0·10	Aggregate of Eng-lish Administrative Counties }	1·40	3·32	0·17
Sandgate ... ..	2·33	1·75	—	Urban Districts (less County Boroughs) }	1·49	3·43	0·19
Sandwich (Borough)	0·34	—	—	England }	1·25	3·14	0·14
Sevenoaks ... ..	0·46	0·57	—	Rural Districts, Eng-land }	1·52	3·59	0·18
Sheerness ... ..	7·84	3·38	1·21	England and Wales			
Sittingbourne ...	3·90	4·14	0·48				
Southborough ...	1·38	0·87	—				
Tenterden (Borough)	0·32	6·93	—				
Tonbridge ... ..	1·22	2·59	0·15				
Tunbridge Wells (Borough)...	2·49	0·54	0·03				
Walmer ... ..	0·27	2·11	0·27				
Whitstable ... ..	6·74	1·72	—				
Wrotham ... ..	0·98	0·98	—				

influenza three days previously. The ship was carrying a large number of refugees, but owing to the fact that the patient had been confined to her berth most of the time, and to the energetic and prompt measures taken by the medical officer of health to prevent spread, there was no extension of the disease.

With regard to the question of vaccination, Dr. Yunge-Bateman writes as follows :—

“This continued increase in the number of those unprotected by vaccination is becoming a serious question. The immunity against small-pox, hitherto enjoyed by the country at large, is not likely to last for an indefinite period, more especially since the means of international communication have improved and rapid transit is more the order of the day. This tends to increase the area from which possible infection may arrive.

“The idea that it is not necessary to submit to vaccination until small-pox has made its appearance, seems to be prevalent. This policy of wait and see will probably end in a rush for vaccination when an outbreak does occur, and will be likely to cause much inconvenience and loss of time at a period when the delay of one day may mean the difference between protection or succumbing to this odious disease.

“Another result of this laxity is that it necessitates the provision of further accommodation at the small-pox hospital, for we must be prepared to treat greater numbers at one time than has been necessary in the past. It is not sufficient to say that because your small-pox hospital has been so seldom used, it is all that is required. Recent experience has proved that it is not, and because you were lucky in escaping an extension in 1911, and again in 1914 and 1915, it does not mean to say that you will always be so fortunate.

“Failing the protection afforded by vaccination, it is only reasonable that you should be forearmed by making suitable provision for isolation of small-pox.”

*Gravesend.*—This notification referred to a pilot. He was removed to the isolation hospital immediately, and all contacts were vaccinated and placed under observation. From inquiries instituted the probable infection occurred whilst the man was carrying on his duties outside the borough. No further cases were reported, and the patient “was discharged from the hospital as recovered at the end of the week.”



SCARLET FEVER.—Number of cases notified, and rates of mortality, during the past ten years :—

Year	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	
										Kent.	England and Wales.
Cases notified	?	3116	2847	2649	2033	2330	3141	2408	3784	2862	127086
Death-rate	0·06	0·08	0·05	0·04	0·03	0·02	0·03	0·03	0·04	0·04	0·06

For the most part, the type of disease was again mild, and this point, with its attendant difficulties, is referred to in several of the district medical officers' reports.

The following are extracts from district reports :—

*Bromley Rural.*—Dr. Tew mentions that “the January cases were children attending North Cray School, and one of them was the son of the schoolmistress, and was supposed to be suffering from influenza until almost a fortnight later he was found to be peeling, and was removed to the isolation hospital.”

*Hollingbourn Rural.*—Dr. Tuke writes :—“During the year we have passed through one of the severest epidemics of scarlet fever we have had during the thirty-five years I have been medical officer of health. Altogether, sixty-one cases have been reported, many of them quite abnormal in type. Some have occurred with only rashes and no sore throats ; some with sore throats and no rash, besides being surrounded, especially in Lenham and district and in Sutton Valance and district, by german measles and ordinary measles.

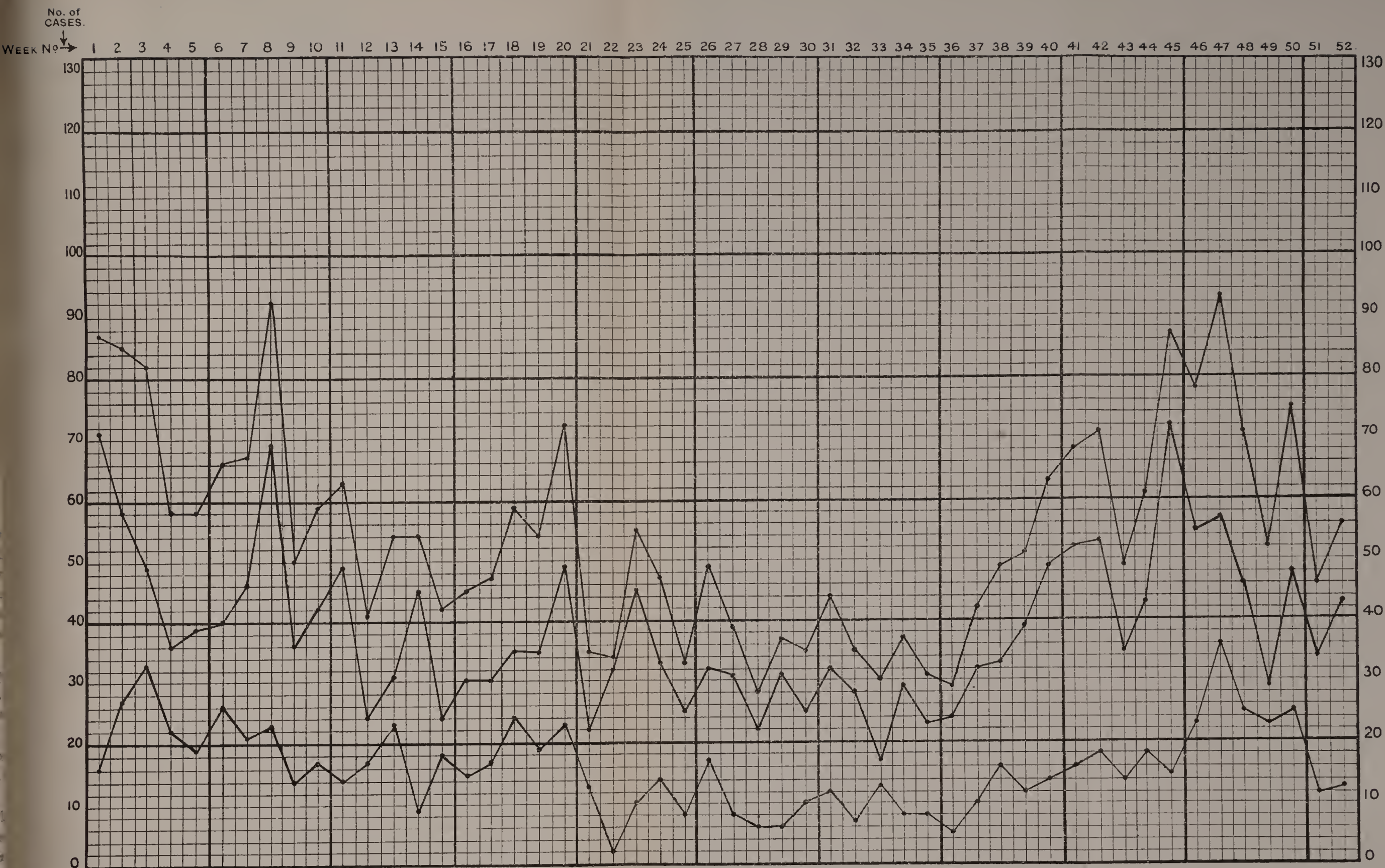
“Some cases instead of beginning to peel in ten days or so, delayed doing so for as much as twenty-two days. Also, in two or three houses, at least, they had diphtheria either concurrently or following on. Twenty-seven cases were sent to the infectious hospital at Coxheath.

“As may be imagined, this epidemic, spread over nearly the whole year has been a source of great anxiety, but I am glad to say there have been no deaths.”

*Malling Rural.*—Dr. Roberts refers to an outbreak as follows :—“The difficulty in combating the outbreak was increased by a contemporaneous epidemic of german measles ; certainly in more than one instance cases originally reported as scarlet fever proved in the event to be suffering from



# WEEKLY NOTIFICATIONS OF SCARLET FEVER.



*The TOP line shews the number of cases notified each week in the whole of the County.*

*The MIDDLE line shews the number of cases notified each week in the Urban Districts of the County.*

*The BOTTOM line shews the number of cases notified each week in the Rural Districts of the County.*





german measles only. In the early stages it is sometimes quite impossible to distinguish between mild irregular cases of scarlet fever and atypical forms of german measles, and this fact renders treatment at an isolation hospital extremely difficult, especially where (as with us) room for 'observation cases' is extremely limited."

DIPHTHERIA.—Numbers of cases notified, and rates of mortality, during the past ten years :—

Year.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	
										Kent.	Eng-land and Wales
Cases Notified.	?	1036	1212	1225	928	1392	2008	1738	2631	2136	53597
Death Rate.	0·14	0·11	0·12	0·14	0·07	0·11	0·16	0·10	0·17	0·16	0·15

The chief points in connection with the prevalence of diphtheria are set out in the following extracts :—

*Folkestone.*—Dr. Yunge-Bateman writes :—

"Although the incidence has been high, in the majority of cases among school children, the infection does not appear to have been spread by means of the schools.

"This is apparently due to the systematic bacteriological examination of the school children from infected houses, and their exclusion from school until the period of incubation has elapsed.

"This method has been followed out in the other cases that have occurred during the year with the same happy result, and to this measure is certainly due the apparent increase in the number of notifications, as several cases of true diphtheria were discovered, that in former times would have otherwise been missed."

*Bromley Rural.*—Dr. Tew writes :—"A second case in April was a boy aged four years who had not been in contact with any of the infected children, but had been visited by relatives from Orpington a few days previous to notification. He was removed to the Bromley and Beckenham Isolation Hospital and remained there until May 19th, when after two negative swabs had been taken he returned to the workhouse where he was isolated and another swab was taken which gave a positive result ; he was admitted to the isolation hospital a second time, and



remained there until December 3rd. On his return to the workhouse he was again isolated and two swabs were taken and sent to different laboratories for bacteriological examination, the result of one being positive and the other being negative. The boy was again admitted to the isolation hospital and was still there at the end of the year.

“In June the council decided to send out circulars reminding medical practitioners in the district of the facilities afforded by the council for the supply of anti-toxin in suitable cases, and asking the doctors not to wait for the result of a bacteriological examination of a swab before injecting, in cases having clinical signs of the disease.”

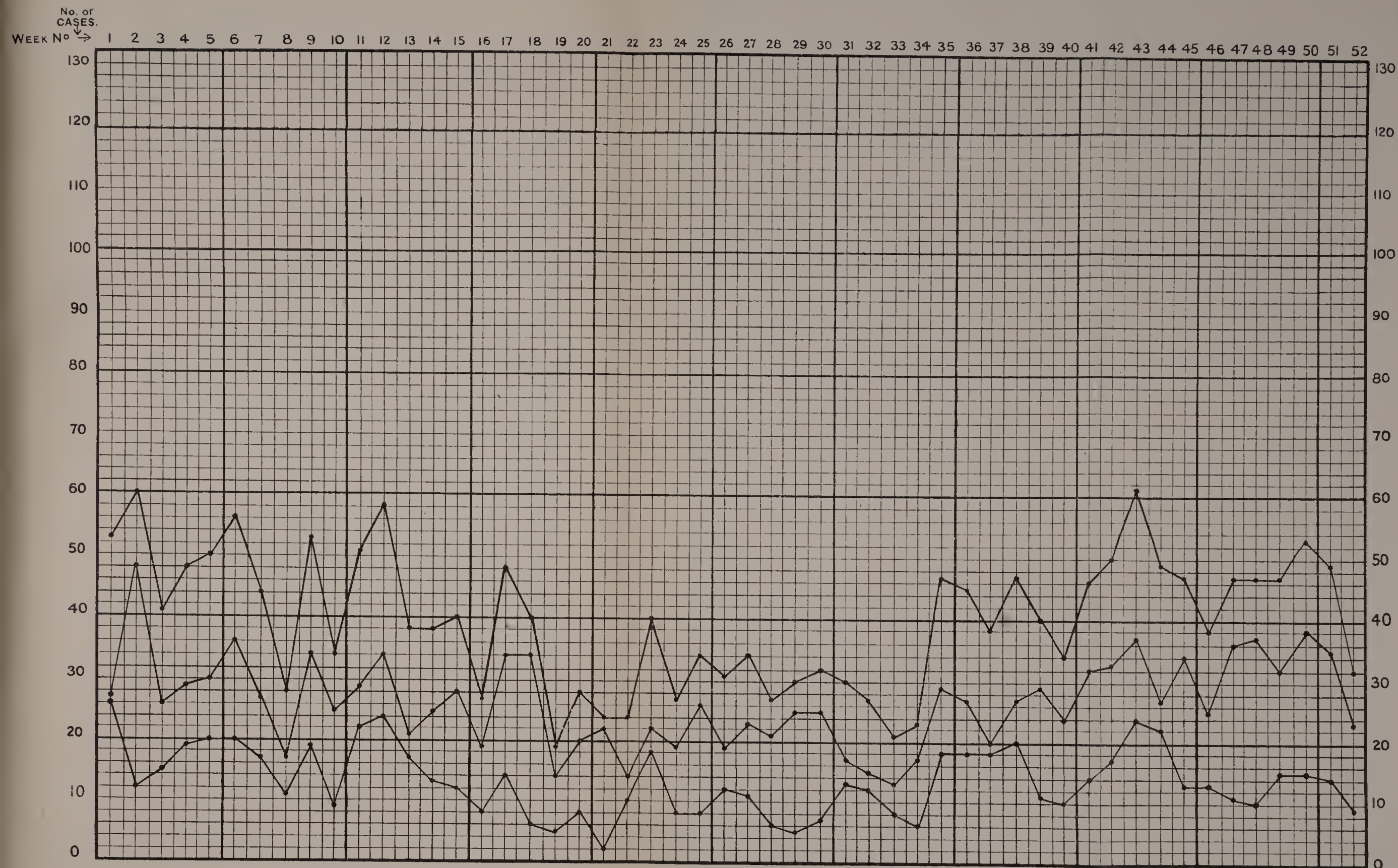
*Malling Rural.*—Dr. Roberts writes ;—“Diphtheria also has been much less prevalent, only eighteen cases having been reported. Control of this disease is being rendered much more certain by the excellent working of the County Bacteriological Laboratory and by the supply of anti-toxin by the public authority.”

*Sevenoaks Rural.*—Dr. Tew writes :—“The outbreak at Edenbridge and Marsh Green which began in the latter part of 1914, continued with greater prevalence during the early part of 1915, and fifty-eight cases were notified from those localities up to the end of April. Three cases, one in February and two in March, terminated fatally. With a few exceptions, all the cases were children of school age.

“At the beginning of the outbreak in 1914, Marsh Green School was the centre of infection, but in 1915 the majority of the cases were notified from Edenbridge Council Schools, though there were still a few from Marsh Green School. Early in February, I recommended the closure of the council school in High Street and the infant school in Haxted Road, Edenbridge, and Marsh Green School, for a fortnight—the closure was later extended for another week, and the Church of England School was also closed. I made several visits and inspections of houses whence children had been notified. The re-opening of the schools brought continuance of the outbreak, and I suggested to the County Medical Officer that one of his assistants should visit the school. This was agreed to, and all the children were examined, and those with suspicious symptoms were swabbed. On receipt of the medical inspector's report, I again visited Edenbridge and conferred with the school managers and the medical men in the district, and afterwards suggested to the County Medical Officer that after a joint inspection of the school children by the school medical inspector and myself, the schools should be again closed, and the rural district council asked to engage a nurse to visit the children in their homes, and swab and treat their throats, and I made a special report to the council on the subject. A nurse was engaged, and with such satisfactory results that by the middle of May there only remained eight or nine children under treatment. As there was then accommodation available at the Hever



# WEEKLY NOTIFICATIONS OF DIPHTHERIA.



*The TOP line shews the number of cases notified each week in the whole of the County.*

*The MIDDLE line shews the number of cases notified each week in the Urban Districts of the County.*

*The BOTTOM line shews the number of cases notified each week in the Rural Districts of the County.*





isolation hospital, I arranged for their admission, so that they could receive more thorough treatment, and up to the end of the year only a few isolated cases had occurred at Edenbridge and none at Marsh Green.

“A second outbreak of diphtheria occurred at Chipstead, Chevening, in the latter part of the year, and appears to have originated from soldiers billeted in the district. On October 11th, two men of the 2/2 East Kent Regiment, R.F.A., were billeted at a cottage in Chipstead, and about a week later one of the men had a very sore throat and sickness, but neglected to report to the medical officer of his unit. Within a week a child aged nine years, residing at this house and attending Chipstead School, was notified with diphtheria, and within the next five days three other children at this house were notified, and all were removed to hospital. The circumstances were communicated to the military doctor, and both men, together with two soldier contacts were removed from their billets, and isolated at a cottage taken over for observation purposes by the military authorities. No further cases occurred in the village until about a month later, when a boy, aged nine years, son of the woman engaged to attend to the isolated soldiers and residing next door to them, was taken ill and removed to the Otford isolation hospital. This boy also had attended the Chipstead School, and from the beginning of the outbreak to the end of December about fourteen cases were notified, including the two men who were the original cause of the trouble. As in almost every case, in addition to the children attending Chipstead School, there were soldiers billeted in the houses, it was impossible to ascertain whether the source of infection rested with the school or troops, but the medical officer attached to the unit worked in co-operation with ourselves, and every possible measure was adopted to gain control over the outbreak, which, though it continued for some time in 1916, was ultimately got under control.”

ENTERIC FEVER.—Numbers of cases notified, and rates of mortality during the past ten years :—

Year.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	
										Kent.	England and Wales.
Cases Notified	?	443	493	323	292	334	362	197	270	221	6,364
Death Rate.	0·10	0·09	0·07	0·05	0·04	0·05	0·05	0·03	0·05	0·04	0·04

A serious outbreak of enteric fever occurred at Dover in April, and the following is a copy of my report made at the time of my investigations:—

“Between April 12th and 19th I received at the county laboratory for examination, twenty specimens of blood from patients suspected to be suffering from typhoid fever. The cases were all at one house, No. 7, Eastbrook Place, Dover, which is used as a boys’ home (St. Vincent’s). Each of these specimens gave a positive result. Accordingly I wrote to Dr. Robinson offering to help in his investigations in any way possible, and in this connection I visited Dover on April 23rd. We carefully investigated all possible sources of infection, and I suggested to Dr. Robinson that the disease was probably introduced by two boys admitted to the home from Herne Bay. The mother of these boys had suffered from typhoid fever prior to their leaving home, and one of the boys had himself suffered from diarrhœa for some time. As Dr. Robinson says in his report, ‘a form of ambulatory enteric fever attacked the ‘carrier’ in question in such an insidious manner as to mask the true nature of the disease until many other children had become infected, and this accounted for the number of cases actually prevailing before recognition.’ Dr. Robinson also submits an interesting suggestion as to the possibility of infection being disseminated *viâ* the vermin which were found to exist on the boys in question.

“The outbreak was dealt with in a vigorous manner and in order to relieve the serious overcrowding, which was found to exist in the home, tents were erected in the grounds of the premises, in which the healthy children were housed, whilst the sufferers, who could not be accommodated in the isolation hospital were isolated in the house itself, and a hospital staff provided. Minor sanitary defects at the home were remedied.

“Thirty-nine convalescents have been removed to tents in the grounds of the corporation’s small-pox hospital at Poulton. This plan has been found successful in expediting the patients’ recovery.

“In all, forty-five cases of enteric fever occurred in the home between April 13th and June 10th, whilst thirty-two inmates escaped infection. Thirty-nine specimens were sent to the county laboratory for examination, and in only four of these was there a negative result.

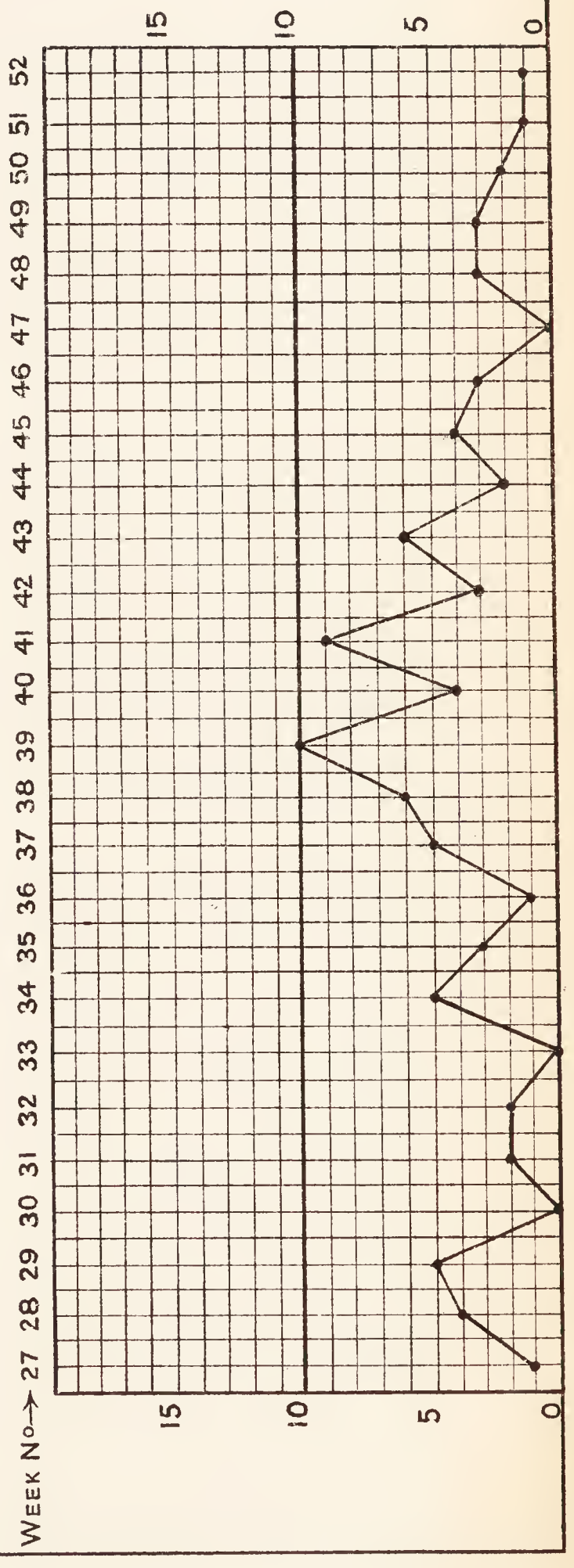
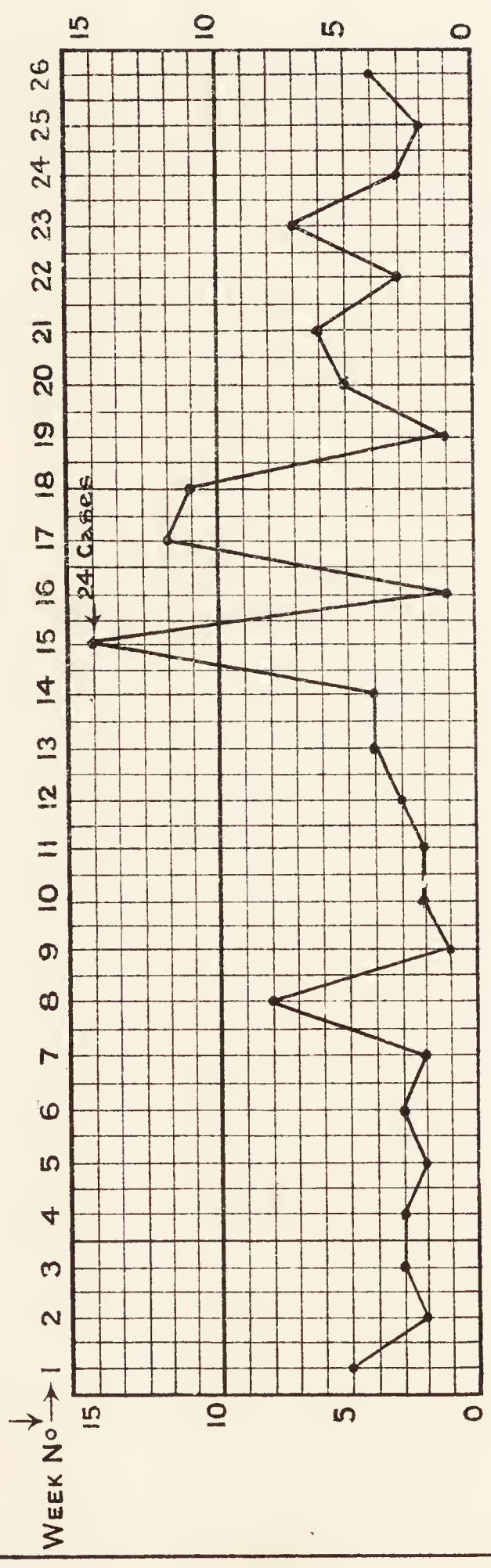
“There is a home for girls adjoining St. Vincent’s Home, but none of the inmates of the former has been attacked.”

*Margate.*—Dr M’Combe writes:—“There were two cases of special interest in July, one girl and a woman fifty-three years of age, living in different parts of the town, without any family or other relationship. Upon enquiring into the first case it was found that the patient had



WEEKLY NOTIFICATIONS OF ENTERIC FEVER.

No. of  
CASES.







eaten cockles which had been purchased from a local hawker. It was also ascertained that several other families who had partaken of cockles purchased from the same hawker had suffered severely from sickness and diarrhœa. The other case occurred three days after the previous one, and it was again found that cockles had been purchased from the same hawker with the result that the family, consisting of father, mother and daughter, suffered from severe diarrhœa and sickness, the mother being the one notified to me as suffering from typhoid fever.

“As the cockles eaten by the above families came from an area outside the town, the medical officer of health was communicated with and informed that, from the information which I had received, the cockles were bought from a certain dealer in his borough.

“I caused enquiries to be made in our borough from the various sellers of cockles, and found that the only person obtaining cockles from the above source was the one hawker who had sold cockles to the affected persons. He was approached, and informed us that he would discontinue selling cockles, as he was not licensed to sell shell-fish.

“In my opinion, it cannot be too widely known that there is great danger from the eating of uncooked cockles, for the usual method of pouring boiling water over them does not necessarily destroy the typhoid germs if they happen to be contaminated with them. Only prolonged steam sterilization or boiling is effective for this purpose.”

*Ramsgate.*—A municipal shell-fish station has been established by the town council in order to minimise the risk of typhoid fever infection by the ingestion of uncooked shell-fish, and Dr. Duadas writes :—

“In February, 1915, the Local Government Board issued their Public Health (Shell-fish) Regulations, providing machinery for the closing of shell-fish layings believed to be a source of danger to the public health. In view of the wise powers conferred by these Regulations their adoption was recommended. However, having been fully alive for some years to the dangers to health, which the Regulations were designed to meet, the corporation had anticipated the action of the Local Government Board by providing a shell-fish station, where it was proposed shell-fish (including cockles, mussels and winkles) should be cooked prior to sale. The Local Government Board approved of the council's experiment being proceeded with. The municipal shell-fish station, established before the war began, was therefore opened.

“The first cockles were cooked on June 24th, and the station remained open till October 11th. During that period 6,298 gallons of cockles and 237 gallons of mussels were cooked. The shell-fish were measured before being cooked.

“The station was open on week days from 8 a.m. to 12 noon, and from 3 to 5 p.m., and on Sundays from 9 to 11 a.m. Each person making use of the station did everything in connection with his own cockles, except the actual cooking in the steamer, which was done by the station manager. Each person as he left the station received a slip from the manager, stating the amount of cockles cooked and the date. Certificates were issued as an inducement to hawkers to make use of the station. The wording of the certificate is as follows:—‘This is to certify that ————— has his or her cockles cooked at the Municipal Shell-fish Station.’

“The cockle shells were gathered in tarred sacks which were removed daily by a contractor. There were no complaints of the station having proved a nuisance. The experiment may be regarded as a success. No doubt in future years when the advantages of the station are more fully realised by the vendors of shell-fish, from both a personal and public point of view, private cooking of shell-fish for sale will tend to diminish. The advantage of the station is that shell-fish, no matter what their place of origin, are sterilised before consumption, and so rendered incapable of carrying infection. On the other hand without such powers as the Regulations confer, nothing can be done to deal with polluted shell-fish beds, wherever they may be, either near the borough or at a distance.

TUBERCULOUS DISEASES.—The valuable work referred to in my last annual health report has been continued energetically during the year 1915.

A full account of this work has appeared in a special report on Tuberculosis and the Administration of Sanatorium Benefit in Kent already presented to you.

The following statistical information is of interest ;—

Mortality from phthisis and other tuberculous diseases during the past eight years :—

Year.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	
								Kent.	England and Wales.
Phthisis .....	0·84	0·78	0·78	0·87	0·88	0·81	0·86	0·96	Not available.
Other tuberculous diseases	0·35	0·31	0·28	0·33	0·30	0·31	0·28	0·37	Not available.

The number of deaths from tuberculous diseases was 1,317, as compared with 1,193 in 1914. Nine hundred and fifty-four of these, representing a



TABLE 11.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of notifications during the period from the week ended 9th January, 1915, to the week ended 1st January, 1916, in the County of Kent.

AGE PERIODS.	Notifications on Form A.												Notifications on Form B.				Number of Notifications on Form C.	
	Number of Primary Notifications.												Number of Primary Notifications.				Total Notifications on Form B.	
	Total Notifications on Form A.												Total Prim-ary Notifi-cations.				Total Prim-ary Notifi-cations.	
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total Prim-ary Notifi-cations.	Un-der 5	5 to 10	10 to 15	Total Prim-ary Notifi-cations.	Poor Law Institu-tions.	Sana-toria.
Pulmonary Males...	5	14	34	40	49	100	189	160	87	47	16	741	—	1	2	752	24	93
“ Females	1	7	39	31	78	81	171	104	58	26	18	614	—	3	7	620	6	59
Non-pulmonary Males	18	33	41	29	16	13	23	9	12	2	—	196	—	3	8	196	4	3
“ Females	12	36	55	37	30	17	20	11	11	3	2	234	—	5	7	238	—	5

NOTE.—FORM A is the form of notification to be used by every Medical Practitioner (except a School Medical Inspector) for cases not previously notified.  
FORM B is the form of notification to be used by School Medical Inspectors for cases not previously notified by them.  
FORM C is the form of notification to be used by Medical Officers of Poor Law Institutions and Sanatoria, for cases which have been notified before admission (Cases not notified before admission are reported on Form A.)

county rate of 0·96 per thousand, were attributed to tuberculosis of the lungs. There were 676 deaths from phthisis registered in urban, and 278 in rural districts, the corresponding rates being 1·00 and 0·92. The subjoined table gives a summary of the cases notified from January 3rd, 1915, to January 1st, 1916, and the second table shows the number of notified cases and deaths in 1915, and the average deaths during the five years 1910—1914, both of cases of pulmonary and other forms of tuberculosis, in the various districts of the county :—

It will be seen from Table 12, that the total number of cases notified during 1915 was 1,894, and the total number of deaths was 1317, so that the ratio of notifications to deaths is approximately three to two. The respective figures for 1914 were 2,269, 1,193, and two to one, and for 1913 they were 2,723, 1,161, and 2·5 to 1.

*Chislehurst.*—Writing about disinfection, Dr. Tew states, :—“ the question arose during the year as to the best method of disinfecting rooms after cases of infectious disease, and I reported to the council on the subject, advising that where rooms had been occupied for many weeks by cases of pulmonary tuberculosis or cancer, the walls should be stripped and scraped and the ceilings cleansed and that this procedure was also desirable after scarlet fever, diphtheria, typhoid fever, or cerebro-spinal fever, where the walls and ceilings were in a dirty condition, but that in cases where the conditions were clean and satisfactory it was sufficient to disinfect by means of moist spray and vapour. I pointed out, however, that it is desirable to let the manner of disinfection be as far as possible in proportion to the persistency of the particular disease for which disinfection is required.”

**CEREBRO-SPINAL MENINGITIS.**—One hundred and twenty-five cases of this disease occurred in Kent during 1915, viz., one hundred in urban districts and twenty-five in rural districts. The distribution of the cases among the sanitary areas is set out in tables 8 and 9 of this report, but no details of exceptional interest concerning the cases are given in the district reports.

The facilities of the county bacteriological laboratory have been offered freely to district medical officers of health, in the examination of cerebro-spinal fluid from suspected cases, and of throat swabs from contacts. Full advantage of this offer has been taken in many cases, and during the year one hundred and four specimens of cerebro-spinal fluid and six hundred and sixty-nine swabs from contacts, were examined in the laboratory, including nineteen fluids and two hundred and thirty-seven swabs from the military authorities.



TABLE 12.—Number of cases of Tuberculosis notified in each district in Kent under the Public Health (Tuberculosis) Regulations, 1912, during 1915; together with the number of deaths occurring from Tuberculosis and average figures for five years (1910-1914).

URBAN DISTRICTS.	Estimated Popula- tion, 1915.	Notifications, 1915.			Deaths.				RURAL DISTRICTS.	Estimated Popula- tion, 1915.	Notifications, 1915.			Deaths.			
		Pulm.	Other.	Total.	Pulmonary.		Other.				Pulm.	Other.	Total.	Pulmonary.		Other.	
					1915.	Average of five years, 1910-14.	1915.	Average of five years, 1910-14.						1915.	Average of five years, 1910-14.	1915.	Average of five years, 1910-14.
Ashford ... ..	14,200	6	0	6	10	11	8	4	Ashford, East ... ..	13,925	12	2	14	11	9	3	3
Beckenham ... ..	31,569	31	13	44	14	20	10	6	Ashford, West ... ..	7,453	13	2	15	10	7	1	2
Bexley ... ..	18,660	30	4	34	17	11	9	4	Blean ... ..	7,267	11	2	13	6	6	3	2
Broadstairs and St. Peter's ... ..	9,423	18	7	25	8	6	2	2	Bridge ... ..	9,477	9	0	9	6	13	3	2
Bromley (Borough)	32,768	44	25	69	24	21	11	7	Bromley ... ..	23,058	19	5	24	15	26	6	6
Chatham (Borough)	39,248	71	9	80	67	58	17	15	Cranbrook ... ..	12,806	11	1	12	3	9	4	4
Cheriton ... ..	4,913	5	1	6	5	7	3	2	Dartford ... ..	39,870	44	19	63	41	30	17	16
Chislehurst... ..	8,341	15	3	18	4	4	1	1	Dover ... ..	7,132	7	1	8	6	5	6	1
Dartford ... ..	22,337	25	3	28	19	16	5	7	Eastry ... ..	12,683	17	4	21	11	10	5	3
Deal (Borough) ..	10,566	10	10	20	10	11	10	3	Elham ... ..	7,551	9	1	10	3	7	2	2
Dover (Borough) ...	38,571	57	34	91	51	50	25	19	Faversham ... ..	14,474	19	7	26	21	13	2	4
Erith ... ..	35,232	45	11	56	24	23	9	8	Hollingbourn ... ..	12,432	18	0	18	7	11	3	3
Faversham(Borough)	11,272	17	4	21	8	8	9	6	Hoo .. ..	4,059	11	0	11	1	2	2	2
Folkestone(Borough)	32,753	45	24	69	27	29	11	12	Maidstone... ..	16,478	19	3	22	26	14	9	8
Footscray ... ..	8,738	8	1	9	4	3	5	1	Malling ... ..	23,463	49	12	61	29	19	10	6
Gillingham (Borough)	45,058	84	23	107	42	49	13	16	Milton ... ..	12,890	7	3	10	12	10	1	1
Gravesend (Borough)	27,808	51	29	80	34	29	7	8	Romney Marsh ... ..	2,728	2	0	2	2	4	—	1
Herne Bay ... ..	7,238	17	5	22	11	10	2	2	Sevenoaks... ..	23,177	35	2	37	16	16	5	5
Hythe (Borough) ...	6,698	7	2	9	7	5	1	2	Sheppey ... ..	4,231	2	0	2	5	2	—	2
Lydd (Borough) ...	2,336	0	0	0	—	3	—	0	Strood ... ..	15,446	24	5	29	19	9	5	4
Maidstone (Borough)	32,128	52	11	63	55	42	20	10	Tenterden... ..	5,739	4	0	4	5	4	0	1
Margate (Borough)	25,278	51	26	77	14	25	8	9	Thanet ... ..	9,518	7	6	13	10	13	4	5
Milton Regis ... ..	6,976	8	1	9	3	6	2	2	Tonbridge... ..	17,204	33	6	39	13	16	9	6
New Romney (Borough) ... ..	1,222	—	1	1	—	1	—	0	Total in Rural Districts...	303,061	382	81	463	278	257	100	89
Northfleet .. ..	14,756	20	19	39	11	12	9	4	„ Urban „ ... ..	682,086	1,066	365	1,431	676	613	263	214
Penge ... ..	22,208	38	8	46	26	19	8	10									
Queenborough (Borough)...	3,034	6	2	8	3	1	2	1									
Ramsgate (Borough)	25,899	73	37	110	41	30	11	8									
Rochester (City) ...	31,125	42	14	56	36	29	6	11									
Sandgate ... ..	1,723	1	1	2	2	1	2	0									
Sandwich (Borough)	2,957	3	1	4	2	2	3	0									
Sevenoaks ... ..	8,759	20	6	26	14	6	3	2									
Sheerness ... ..	16,598	31	5	36	15	16	8	5									
Sittingbourne ..	8,463	18	2	20	3	7	1	2									
Southborough ... ..	6,567	24	1	25	6	6	3	2									
Tenterden (Borough)	3,178	1	1	2	4	4	4	2									
Tonbridge ... ..	13,946	11	2	13	15	10	2	6									
Tunbridge Wells (Borough) ... ..	33,430	51	17	68	29	26	8	10									
Walmer ... ..	3,808	5	1	6	2	1	1	2									
Whitstable ... ..	8,162	21	1	22	7	7	4	3									
Wrotham ... ..	4,094	4	0	4	2	2	—	1									
Total ... ..	682,086	1066	365	1431	676	613	263	214	Total for County ... ..	985,147	1,448	446	*1,894	954	870	363	303

\* This figure does not agree with the total of the cases classified in Table 11, owing to the fact that there is a slight difference in the period under review, and that whilst Table 11 has been drawn up from the figures supplied in the weekly notifications of the district medical officer of health, the "notification" columns in the above tabulation have been filled in from the corrected returns in the district annual reports.





The following information concerning cerebro-spinal fever is of interest :—

This disease has occurred with varying frequency during peace times, and continues to occur with varying frequency at the present time, although the number of cases reported in Kent since the beginning of the war greatly exceeds the number notified previously. Its presence amongst the military and the civil population, makes those responsible for the welfare of all who are under their jurisdiction, anxious to adopt reasonable precautions in order to prevent the spread of this infection.

It must be recognised that cerebro-spinal meningitis is not a new disease either in its epidemic or endemic form.

This disease is also known as epidemic cerebro-spinal meningitis or “spotted fever.” It is not of rare occurrence in the United Kingdom. During the last fifty years the malady is known to have been prevalent in many districts in England and Wales.

The late Mr. Netten Radcliffe defined cerebro-spinal fever as :—

“An acute epidemic disease characterised by profound disturbance of the central nervous system, indicated at the onset chiefly by shivering, intense headache or vertigo, or both and persistent vomiting; subsequently by delirium, often violent, alternating with somnolence or a state of apathy or stupor; an acutely painful condition with spasm—sometimes tetanoid—of certain groups of muscles, especially the posterior muscles of the neck, occasioning retraction of the head and an increased sensitiveness of the surface of the body. Throughout the disease there is marked depression of the vital powers; not unfrequently collapse—and in its course an eruption of vesicles, petechial or purpuric spots or mottling of the skin is apt to occur. If the disease tend to recovery the symptoms gradually subside without any critical phenomena, and convalescence is protracted; if to a fatal termination, death is almost invariably preceded by coma. After death the enveloping membranes of the brain and spinal cord are found in a morbid state, of which the most notable signs are engorgement of the blood vessels, usually excessive, and an effusion of sero-purulent matter into the meshes of the pia mater and beneath the arachnoid.”

Cerebro-spinal fever may appear in milder or in anomalous forms which render identification difficult, and which leads to its being mistaken for other ailments of more common occurrence in the country. In some cases the symptoms may be so slight as to escape notice.

Failure to recognise cerebro-spinal fever may also happen when the disease is of the "fulminant" variety in which death ensues rapidly. In these instances the disease has been mistaken for typhus fever, tetanus, or malignant measles.

An important aid to diagnosis may be found in examination of cerebro-spinal fluid, withdrawn from the lower part of the spinal canal by lumbar puncture, for the presence of the special germ which is now generally regarded as the specific cause of cerebro-spinal fever.

As the disease may spread by direct personal infection, the sick should be isolated from the healthy. Premises and articles which have been used by the sick should be disinfected.

The special germ of this disease has been found in the nose of otherwise healthy persons.

The preventive measures to be adopted in an outbreak of cerebro-spinal fever should include the following :—

I.—Patients.—The patient should be isolated satisfactorily. In many cases this can only be carried out in a special ward of the nearest isolation hospital. After removal to hospital, the patient's clothing, feeding utensils and the room previously occupied should be disinfected thoroughly.

II.—Contacts.—A bacteriological examination of swabs taken from the space between the nose and the throat of each person who has been in contact with the patient, should be made. If the special germ which causes cerebro-spinal fever should be found in such a swab taken from any contact, he or she should also be isolated until a future swab has proved negative. This may take three weeks, and during that time the throat of such contact should be sprayed with a disinfecting solution, such as potassium permanganate 1 in 1,000 (or Condy's fluid). These contacts should use separate feeding and drinking utensils. Spraying should be carried out under medical supervision.

Special attention should be directed to cases of sore throat, headaches, etc., which might suggest influenza, and any contact person so suffering should call in a doctor at once. The prevention of overcrowding, the securing of ample ventilation, and absolute cleanliness, are also important preventive measures.

POLIOMYELITIS.—Seventeen cases of this disease were reported in Kent during 1915. Eleven of the cases occurred in urban districts, and six in rural districts. Only one of the patients was over fifteen years of age. The cases do not call for special comment individually.



## NON-NOTIFIABLE DISEASES.

MEASLES.—Mortality from measles during the past ten years :—

Year.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	
										Kent.	England and Wales.
Rate per 1,000	0·10	0·28	0·12	0·07	0·08	0·36	0·10	0·16	0·08	0·19	0·43

There were one hundred and eighty-six deaths from this disease registered during the year (as against seventy-six last year), of which one hundred and sixty-three occurred in the urban and twenty-three in the rural districts.

Compared with the previous year, and accepting fatal cases as the basis for comparison, the disease was considerably more prevalent in 1915, the deaths in 1914 having totalled sixty-three in urban and thirteen in rural districts. The chief excess of mortality was in Folkestone with twenty-four deaths.

WHOOPIING COUGH.—Mortality from whooping cough during the past ten years :—

Year.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	
										Kent.	England and Wales.
Rate per 1,000	0·15	0·30	0·14	0·08	0·23	0·12	0·19	0·10	0·11	0·18	0·21

Whooping cough continued moderately prevalent. One hundred and seventy-two deaths were reported in 1915, as compared with one hundred and fourteen in 1914, and ninety-seven in 1913. Of these deaths in 1915, one hundred and thirty-seven were reported in urban districts and thirty-five in rural. The largest number of deaths registered are noted in Folkestone and Gillingham, twelve each, and Chatham and Rochester, eleven each.

DIARRHŒA.—Mortality from diarrhœa during the past ten years :—

Year.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	
										Kent.	Eng-land and Wales.
Rate per 1,000	0·79	0·18	0·29	0·16	0·12	0·95	0·15	0·30	0·34	0·27	*

There was a decrease in the number of deaths from diarrhœa, as compared with the previous year. In the year under review there were 257 deaths (as against 354 in 1914) of which 195 were registered in urban and sixty-two in rural districts. The highest numbers of deaths are noted in Chatham with twenty fatal cases, Dover and Erith nineteen each, Gillingham with fifteen, and Folkestone and Dartford Rural with fourteen each. This disease has a great influence on the rate of infantile mortality, since it is chiefly amongst infants that fatal results ensue.

An anti-fly-campaign is taken up in Kent during the summer months by the majority of the sanitary authorities, and literature on the subject is also distributed from the County Health Department. In addition, I have issued a memorandum and circular to each teacher in the county elementary schools, in order that the dangers of the common house-fly may be brought before the younger generation. The campaign has been energetically taken up in many schools, by the teachers, who have given lessons to the scholars on the subject, followed up by a distribution of the circulars for the children to take home to their parents.

#### SCHOOL CLOSURES.

The following tabulation sets out the number of school closures during 1915 on account of the prevalence of infectious diseases, and shows the

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\* See foot note to table on page 27.

different diseases which called for that step, together with the duration of the closure :—

Reason of Closure.	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	4-5 weeks	5-6 weeks	6 weeks & over	Total
Chicken-pox .....	—	—	3	—	—	—	—	3
Scarlet Fever .. .	2	6	7	1	1	—	—	17
Measles .....	4	7	17	11	3	—	1	43
Diphtheria .....	—	1	4	—	1	—	—	6
Cerebro-Spinal Fever .....	—	—	1	—	—	—	—	1
Whooping Cough .....	—	—	2	7	5	3	2	19
Scarlet Fever and Chicken- pox .....	1	—	—	—	—	—	—	1
Scarlet Fever and Diphtheria	—	—	1	—	—	—	—	1
Scarlet Fever, Diphtheria and Whooping Cough... ..	—	—	—	1	—	—	—	1
Measles and Chicken-pox.....	—	—	—	1	—	—	—	1
Measles and Whooping Cough	—	—	—	3	—	—	—	3
Measles and Diphtheria .....	—	—	1	—	—	—	—	1
Measles, Scarlet Fever and Chicken-pox .. .....	—	1	—	—	—	—	—	1
Rubella .. .....	—	1	—	1	—	—	—	2
Totals .....	7	16	36	25	10	3	3	100

#### BACTERIOLOGICAL LABORATORY.

It is my pleasing duty to report that the year 1915 has been the most successful year in the county bacteriological laboratory at Maidstone since it was established in 1911. There has been an increase in the number of specimens sent here for examination, 12,663 specimens being examined during 1915, as compared with 11,556 in 1914.

With a small number of exceptions, the general medical practitioners throughout Kent appreciate this work very highly, and it is rightly regarded as one of the most important branches of the public health department of the county.

I mentioned in my annual health report for 1913 the steps which had been taken to popularise this branch of the service, and I also indicated the advantages which are gained through the attachment of a bacteriological laboratory to the county health department.

Again, I repeat, that financially, it is more economical to conduct this work in a county laboratory than to pay for such to be carried out in an outside laboratory.



It is interesting, in this connection, to compare the cost of administering a county laboratory with the cost of paying for the same work if it had been carried out at a private laboratory. In the latter case, during 1915, the cost to the county would have been as follows:—

	£	s.	d.
8964 Diphtheria swabs at 5s. ....	2241	0	0
300 Blood examinations for typhoid at 5s. ..	75	0	0
1803 Sputum examinations for tuberculosis at 2s. 6d. ....	225	7	6
819 Ringworm examinations at 3s. ....	122	17	0
83 Water examinations at £1 1s. ....	87	3	0
694 Various examinations at 10s. 6d. ....	364	7	0
	<hr/>		
	£3,115	14	6
	<hr/>		

I estimate that the actual cost of the laboratory to the county during the same period, allocating two-thirds of the assistant county medical officer's salary to bacteriological work, did not exceed £800.

As the results of the important preventive work carried out by a county health department can rarely be shown in actual figures, it is again pleasing to record, in this instance, a distinct economic gain, apart from the saving of life, to the County Council.

In the table opposite this page, it is possible to compare the numbers of specimens of various kinds examined at the laboratory during the years 1912 to 1915. For the purpose of more accurate comparison, the number of specimens examined per notified case respectively of diphtheria, typhoid fever and phthisis, is also shown in brackets. It will be noticed that again there has been a general tendency for more bacteriological work to be required in connection with each case during 1915 than during 1914. Thus, in connection with diphtheria in 1915, 4·2 examinations were made on an average for each case notified, compared with 3·2 in 1914.

DIPHTHERIA.—The tables on pages 56 to 59 show the numbers of diphtheria examinations carried out for each district, and its hospital, and also the numbers of throat swabs collected from patients in the acute stage, and the convalescent stage respectively, and also from persons who had been in contact with cases of diphtheria.

TABLE 13.—Showing the numbers of specimens of each kind sent to the Laboratory for examination from **Urban** and **Rural Districts** during the years 1912, 1913, 1914 and 1915.

Districts.	Diphtheria.				Typhoid Fever.				Phthisis.			
	1912.	1913.	1914.	1915.	1912.	1913.	1914.	1915.	1912.	1913.	1914.	1915.
Urban .....	2526 (1·8)	2841 (2·11)	5312 (2·8)	<b>4521 (3·15)</b>	290 (1·06)	126 (1·0)	205 (1·0)	<b>218 (1·17)</b>	295 (0·18)	690 (0·5)	1141 (0·9)	<b>1268 (1·1)</b>
Rural.....	785 (1·53)	1157 (2·7)	2822 (3·7)	<b>3462 (4·9)</b>	44 (0·6)	62 (0·85)	71 (1·0)	<b>61 (1·5)</b>	70 (0·1)	186 (0·34)	368 (0·8)	<b>409 (1·07)</b>
Total..... (including Com- bined Hospitals and additional Military speci- mens.)	3487(1·75)	4125 (2·34)	8405 (3·2)	<b>8964 (4·2)</b>	335 (0·96)	194 (0·94)	289 (1·0)	<b>300 (1·35)</b>	365 (0·15)	876 (0·45)	1511 (0·85)	<b>1803 (1·24)</b>

Districts.	Ringworm.				Water.				Various.				Grand Total.				Milk.			
	1912.	1913.	1914.	1915.	1912.	1913.	1914.	1915.	1912.	1913.	1914.	1915.	1912.	1913.	1914.	1915.	1912	1913.	1914.	1915.
Urban .....	517	799	745	<b>589</b>	41	48	67	<b>74</b>	59	119	153	<b>362</b>	3858	4620	7623	<b>7031</b>	Not undertaken.	77	44	Tuberculosis Order suspended.
Rural... ..	168	290	341	<b>231</b>	13	11	8	<b>9</b>	7	21	35	<b>95</b>	1087	1727	3645	<b>4267</b>				
Total... .. (including Com- bined Hospitals and additional Military speci- mens.)	685	1089	1086	<b>819</b>	54	56	75	<b>83</b>	66	141	190	<b>694</b>	4992	6476	11556	<b>12663</b>				

NOTE.—The figures in brackets show the number of specimens examined per case notified.





In certain districts, these figures are satisfactory, notably in the Ashford, Broadstairs, Folkestone, Herne Bay, Maidstone, Penge, Sevenoaks, Southborough, Tonbridge, Whitstable and Wrotham Urban districts, and in the East and West Ashford, Blean, Cranbrook, Faversham, Malling, Sevenoaks, Sheppey and Tonbridge Rural Districts. In some districts the ratio between the examination and the cases notified is less satisfactory. As stated previously, a higher figure would indicate greater keenness amongst the medical practitioners to discover the cause of outbreaks, and so to assist in limiting the extension of such outbreaks. Although there has been a greater improvement during 1915, than in any previous year, the figures which show the numbers of "contact" throat swabs examined are still too low. This figure should be at least three times the number of cases of diphtheria notified. Thus the number of "contact" throat swabs, instead of being 2456, should have been about 6400, since there were 2136 cases of diphtheria notified in the county during the year. As mentioned before, the adoption of such precautionary measures is one of the most valuable directions in which the laboratory can be utilized. It is to be hoped that more advantage will be taken in the future of the excellent opportunities which are here provided.

With respect to the number of examinations per notification of diphtheria, it is interesting to note that during 1915, the improvement was more marked in the rural than in the urban districts of the county.

TABLE 14.—Analysis of Work carried out in County Bacteriological Laboratory.

URBAN DISTRICTS.

DISTRICT.	Number of Doctors sending in Specimens.	DIPHTHERIA.				TYPHOID FEVER.				PHTHISIS.			Ringworm. Number of Examinations.	Waters. Number of Examinations.	Various. Number of Examinations.	Total Number of Examinations.
		Number of examinations made.		Number of Notifications.	Number of Examinations per Notification.	Number of Examinations.	Number of Notifications.	Number of Examinations per Notification.	Number of Examinations.							
Acute Stage.	Convalescent Stage.	Contacts.	Total.													
Ashford ... " Hospital Beckenham ... Bexley ... " Hospital Broadstairs and St. Peter's Bromley ... Chatham... Cheriton ... " Hospital Chislehurst ... Dartford ... Deal ... Dover ... " Hospital... Erith ... " Hospital... Faversham ... " Hospital Folkestone ... " Hospital Footscray ...	45 12 1 4 1 8 213 17 15 0 20 4 12 32 37 52 8 7 2 122 25 10	11 117 0 0 0 35 78 20 1 0 4 20 20 12 6 39 22 177 1 30 87 571 2	24 3 0 1 0 18 162 13 7 0 3 0 1 0 0 2 2 0 2 0 2 0 0 2 2 3 0 0 172 15 6	} 212 1 6 61 453 103 23 27 24 25 114 261 43 992 18	29 35 11 9 118 98 23 14 31 10 35 105 24 74 7	7.3 — 0.5 6.8 3.8 1 1 2 0.8 2.5 3.3 2.5 1.8 13.4 2.6	2 0 2 1 6 8 0 0 6 2 49 } 58 9	0 4 0 1 3 4 0 2 9 1 59 3 1 8 0	— 0 — 1 2 2 0 — 0.7 2 1 0.6 — 0.75 0	18 5 18 10 77 101 7 10 25 14 35 41 31 50 6	3 0 5 25 0 28 1 1 27 0 4 0 0 0 0 0 0 0 38 48	0 0 0 5 1 1 0 0 9 2 0 0 2 2 10 0 0 0 0 0 0	11 } 12 1 2 0 13 8 0 0 0 0 34 0 26 } 38 12 7 10 8 2	247 7 33 102 550 249 31 38 128 43 249 322 86 1094 74		

Gillingham ... Hospital	20	90	40	5	319	94	3·4	6	5	1·2	137 3	84	1·6	10	0	5	480
Gravesend ... Hospital	15	125	171	50	196	95	2	2	8	0·25	45	51	0·9	0	0	16	259
Herne Bay ... Hospital	8	23	6	25	54	7	7·7	7	2	3·5	28	17	1·6	41	0	4	134
Hythe ...	5	8	0	0	8	0	—	1	0	—	7	7	1	1	0	0	17
Lydd ... Hospital	1	1	0	0	1	—	—	0	—	—	0	—	—	0	0	0	1
„ Hospital	17	58	5	17	249	27	9·2	35	15	2·3	122	52	2·3	139	0	102 5	652
Maidstone ... Hospital	10	26	141	2	76	47	1·6	5	8	0·6	26	51	0·5	12	0	2	121
Margate ...	6	21	8	7	28	19	1·5	4	2	2	18	8	2·25	5	0	0	55
Milton Regis ...	2	3	1	8	12	4	3	1	0	—	7	0	—	0	1	4	25
New Romney ...	7	7	1	0	8	13	0·6	1	2	0·5	6	20	0·3	14	0	1	30
Northfleet ...	18	9	85	31	125	24	5·2	1	0	—	40	38	1	8	0	3	177
Penge ...	4	8	0	0	8	4	2	1	2	0·5	3	6	0·5	6	0	0	18
Queenborough ...	19	87	8	108	203	67	3	13	11	1·2	54	73	0·7	14	2	9	295
Ramsgate ...	19	71	2	14	87	68	1·3	9	3	3	84	42	2	25	23	4	232
Rochester ...	1	1	0	0	1	4	0·25	0	0	0	0	1	—	0	1	0	2
Sandgate ...	—	0	0	0	0	1	—	0	0	0	0	3	—	1	0	30	31
Sandwich ...	8	24	1	2	35	4	8·75	2	0	—	49	20	2·5	5	3	12	106
Sevenoaks ... Hospital	—	0	8	0	219	130	1·7	20	20	1	55	31	1·8	53	9	2	358
Sheerness ...	9	72	48	99	92	33	2·8	11	4	2·75	47	18	2·6	22	0	1	173
Sittingbourne ...	9	66	3	23	51	9	5·7	2	0	—	14	24	0·6	16	0	13	96
Southborough ... Hospital	12	21	2	1	79	17	—	3	0	0	4	1	4	0	0	0	4
Tenterden ...	4	0	0	0	0	1	—	0	0	1·5	26	11	2·4	6	0	2	116
Tonbridge ... Hospital	9	12	9	6	0	0	4·6	3	2	1	29	51	0·6	0	1	11	53
Tunbridge Wells ... Hospital	8	11	0	0	11	83	0·1	1	1	—	5	5	1	12	0	1	34
„ Hospital	5	6	5	5	16	1	16	0	1	—	5	21	0·25	4	3	0	263
Walmer ...	4	64	129	58	251	54	4·7	0	0	0	3	4	0·75	14	0	0	46
Whitstable ...	1	3	0	13	29	4	7·25	0	0	0	3	—	—	—	—	—	—
Wrotham ... Hospital	—	1	11	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals in Urban Districts ...		1599	2009	913	4521	1433	3·15	218	181	1·17	1268	1070	1·1	588	74	362	7031



TABLE 15.—Analysis of Work carried out in the County Bacteriological Laboratory.

**RURAL DISTRICTS.**

DISTRICT.	Number of Doctors sending in Specimens.	DIPHTHERIA.				TYPHOID FEVER.				PHTHISIS.				Ringworm. Number of Examinations.	Waters. Number of Examinations.	Various. Number of Examinations.	Total Number of Examinations.
		Number of examinations made.			Number of Notifications.	Number of Examinations per Notification.	Number of Examinations.	Number of Notifications.	Number of Examinations per Notification.	Number of Examinations.	Number of Notifications.	Number of Examinations per Notification.					
		Acute Stage.	Convalescent Stage.	Contacts.	Total.	Number of Notifications.	Number of Examinations per Notification.	Number of Examinations.	Number of Notifications.	Number of Examinations per Notification.	Number of Examinations.	Number of Notifications.	Number of Examinations per Notification.				
Ashford, East ... " Hospital...	13	26 12 40 6	31 76 19 43	12 0 21 1	157 130 123 54 164 46 315 3 81 9 426 14 32	27 23 14 14 67 10 113 3 22 3 87 27 10	5.8 5.6 8.8 3.9 2.3 4.6 2.8 1 3.7 3 4.9 0.5 3.2	3 0 0 0 5 3 7 0 1 0 0 1 4 2	1 1 0 1 1 0 8 3 0 2 0 0 4 1	3 — 0 — 5 — 1 — — — — 4 — — — 2	12 13 11 9 19 11 44 7 17 9 19 18 11	2.7 1.5 0.7 1.6 1.2 1.2 0.8 0.9 1.5 0.4 1 1.3 1	7 0 5 5 33 3 30 7 0 3 13 2 4 1 1	2 0 4 0 0 0 0 0 1 0 0 0 0 0 0	2 2 0 1 5 10 5 0 0 13 13 1 1 1 0	203 153 140 72 229 75 392 16 109 29 461 46 46	

Maidstone Hospital	...	12	33	3	14	196	59	3.3	1	0	—	23	19	1.3	4	0	1	225
„ Malling	...	—	10	136	0	86	18	4.8	11	8	1.4	27	49	0.5	13	0	30 } 32 2	169
„ Milton	...	—	33	33	4	69	47	1.5	6	4	1.5	17	7	2.4	15	0	1	108
Romney Marsh	...	10	42	14	13	5	3	1.6	0	0	0	3	2	1.5	0	0	1	9
„ Hospital	...	2	0	0	0	565	104	5.4	7	1	7	57	35	1.6	7	0	3	639
Sevenoaks	...	21	85	26	154	785	16	49.0	2	5	0.4	5	2	2.5	21	2	0	815
„ Hospital (Hever)	...	—	16	210	18	12	20	0.6	3 } 7 4	2	3.5	15	24	0.6	57	0	0 } 1 1	92
„ Hospital (Otford)	...	4	28	3	695	184	15	12.5	1	1	1	23	33	0.7	1	0	2	211
Sheppey	...	—	7	1	0	1	0	—	0	0	0	7	4	0.25	8	0	0	10
„ Hospital	...	17	0	1	0	5	1	5	0	0	0	1	7	1	5	0	1	18
Strood	...	—	1	0	0	184	15	12.5	1	1	1	23	33	0.7	1	0	2	211
„ Hospital	...	2	1	0	0	184	15	12.5	1	1	1	23	33	0.7	1	0	2	211
Tenterden	...	8	5	0	0	184	15	12.5	1	1	1	23	33	0.7	1	0	2	211
Thanet	...	15	29	14	60	184	15	12.5	1	1	1	23	33	0.7	1	0	2	211
Tonbridge	...	—	8	73	0	184	15	12.5	1	1	1	23	33	0.7	1	0	2	211
„ Hospital	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS IN RURAL DISTRICTS	...	—	701	1389	1372	3462	703	4.9	61	40	1.5	409	382	1.07	231	9	95	4267

COMBINED HOSPITALS.

Bromley and Beckenham Joint Hospital	—	5	47	1	53	—	—	—	0	—	—	—	0	—	0	0	0	53
Isle of Thanet Joint Hospital...	—	0	0	0	0	—	—	—	0	—	—	—	0	—	0	0	0	0
St. William's Hospital, Rochester	—	18	82	2	102	—	—	—	7	—	—	—	1	—	0	1	111	111
Keycol Hospital, Bobbing	—	28	560	3	591	—	—	—	12	—	—	—	4	—	0	3	610	610
Deal and Walmer Hospital	—	0	0	0	0	—	—	—	0	—	—	—	0	—	0	0	0	0
Dartford Joint Hospital	—	0	0	0	0	—	—	—	0	—	—	—	0	—	0	0	0	0
Tonbridge Hospital	—	0	0	0	0	—	—	—	0	—	—	—	0	—	0	0	0	0
TOTAL	—	51	689	6	746	—	—	—	19	—	—	—	5	—	0	4	774	774
Total Urban Districts	—	1599	2009	913	4521	1433	3.15	218	181	1.17	1268	1070	1.1	588	74	362	7031	7031
Total Rural Districts	—	701	1389	1372	3462	703	4.9	61	40	1.5	409	382	1.07	231	9	95	4267	4267
Total Combined Hospitals	—	51	689	6	746	—	—	19	—	—	5	—	—	0	0	4	774	774
Examinations for Military authorities (not included in above)	—	62	8	165	235	—	—	2	—	—	121	—	—	—	—	233	591	591
GRAND TOTAL	—	2413	4095	2456	8964	2136	4.2	300	221	1.35	1803	1452	1.24	819	83	694	12663	12663



TYPHOID FEVER.—There was a decrease in the number of cases of typhoid fever notified during 1915, as compared with 1914. No important outbreaks have occurred except the one at Dover referred to on page 44 of this report. The ratio of examinations to cases notified, was 1·17 in the urban and 1·5 in the rural districts of the county.

PHTHISIS.—The total number of specimens of sputum sent for examination for the presence of the bacillus of tuberculosis has considerably increased during 1915, as compared with the total number sent during 1914. In great measure this increase is due to the rigorous continuance of the administration of sanatorium benefit in connection with the National Insurance Act. The numbers of examinations required, per case notified, were 1·1 and 1·07 in the urban and rural districts respectively. These figures show an improvement as compared with the year 1914, but there is a need for still further improvement in this respect. When the examination of a specimen of sputum produces a negative result, such a specimen should be examined again (perhaps many times) before the decision is given by the medical practitioner that tuberculosis is not present in the lungs of that patient.

RINGWORM.—The number of examinations of specimens of hair from children suspected to be suffering from ringworm, was 819 during 1915 compared with 1,086 in 1914.

WATER EXAMINATIONS.—The number of samples of water examined bacteriologically during 1915 was eighty-three, compared with seventy-five such examinations during 1914.

VARIOUS EXAMINATIONS.—In table No. 16, details have been given as to the various bacteriological examinations carried out during 1915. These have increased to 705, as compared with 204 such examinations during 1914, and they show the wide scope of the utility of this laboratory.

Included in the previous totals are the following specimens, examined in connection with troops stationed in the county of Kent during 1915 :—

Swabs for diphtheria .....	1259
Blood for typhoid fever .....	35
Sputum for tubercle bacilli .....	323
Various .....	305
<hr/>	
Total.....	1922
<hr/>	



Also the following specimens were examined for the County Borough of Canterbury :—

Swabs for diphtheria.....	29
Sputum for tubercle bacilli .....	18
Blood for typhoid fever ...	1
Various .....	2
Total.....	50

Number of doses af tuberculin prepared during the year 75

TABLE 16.—Details of various specimens examined at the County Laboratory during 1915 :—

Examinations of swabs taken from contacts with cerebro-spinal meningitis .....	432
Examinations of cerebro-spinal fluid .....	85
Examinations of fæces for <i>B. Typhosus</i> .....	35
Examinations of serum for <i>B. Dysenteriae</i> (agglutination) .....	24
Examinations of urine for tubercle bacilli .....	16
Examinations of pus for Gonococcus .....	14
Examinations of urine for <i>B. Typhosus</i> .....	13
Examinations of cultures (?) meningococcus .....	10
Examinations of urine (?) organisms .....	8
Examinations of pus (?) organisms .....	8
Testing virulence of <i>B. Diphtheriae</i> .....	8
Confirmatory examinations of diphtheria cultures .....	8
Examinations of pus for tubercle bacilli.....	6
Examinations of pleuritic fluid for tubercle bacilli .....	6
Examinations of serum for <i>B. Para-typhosus</i> (agglutination ) ..	6
Examinations of tissue (?) malignancy .....	5
Examinations of milk for tubercle bacilli .....	4
Examinations of blood (?) organisms .....	3
Feeding experiments (?) toxicity of animal foods .....	2
Examinations of gland for tubercle bacilli.....	2
Examinations of blood for <i>B. Anthracis</i> .....	2
Examinations of milk for <i>B. Coli Communis</i> .....	2
Examinations of pus (?) actinomycosis .....	2
Examination of membrane (?) nature .....	1
Examination of blood for “Count” .....	1
Examination of swab from dog’s throat for <i>B. Diphtheriae</i> .....	1
Examination of pus for <i>B. Tetani</i> .....	1
Total.. .....	705

ADMINISTRATION OF THE MIDWIVES ACT, 1902.

This Act has again been well administered during the year under review. The two whole-time inspectors of midwives, Miss Harrison and Miss Berry, employed by the County Council, have continued to carry out their duties in a praiseworthy manner. All midwives are visited at frequent intervals, and special visits are paid to those midwives who report cases of inflammation of the eyes, puerperal fever, or infectious diseases, which have occurred in their practices. Also the inspectors have continued their efforts in trying to improve the education of those women who are certified, but who have not been trained. In my annual report for 1913, I gave a full account of this branch of the work.

Table 17 shows the number of midwives engaged in the County of Kent in each sanitary district, together with certain particulars respecting their qualifications :—

TABLE 17.—SHEWING THE NUMBER OF MIDWIVES IN THE COUNTY OF KENT IN EACH SANITARY AREA.

District.	Regis-tered.		Non-registered Maternity Nurses.	Certified Midwives on the register but not practising.	District.	Regis-tered.		Non-registered Maternity Nurses.	Certified Midwives on the register but not practising.
	Trained.	Bonâ-fide.				Trained.	Bonâ-fide.		
<b>Urban.</b>									
Ashford ... ..	3	—	1	2	Margate ... ..	5	—	5	3
Beckenham ... ..	1	2	7	—	Milton Regis ... ..	—	2	3	—
Bexley ... ..	5	3	3	—	New Romney ... ..	—	—	—	—
Broadstairs and St. Peter's ... ..	3	—	—	1	Northfleet ... ..	—	3	11	—
Bromley ... ..	3	1	10	1	Penge ... ..	2	2	11	2
Chatham ... ..	8	6	4	1	Queenborough ... ..	—	1	2	—
Cheriton ... ..	3	2	1	—	Ramsgate ... ..	3	1	3	—
Chislehurst ... ..	1	1	—	—	Rochester ... ..	10	6	1	3
Dartford ... ..	7	1	2	1	Sandgate ... ..	1	—	—	1
Deal ... ..	1	4	5	—	Sandwich ... ..	2	1	—	—
Dover ... ..	9	2	7	3	Sevenoaks ... ..	3	8	—	3
Erith ... ..	7	2	2	—	Sheerness ... ..	7	2	5	1
Faversham ... ..	2	1	—	—	Sittingbourne ... ..	2	1	—	—
Folkestone ... ..	4	3	11	1	Southborough ... ..	3	—	—	—
Footscray ... ..	1	3	5	—	Tenterden ... ..	—	—	1	—
Gillingham ... ..	13	4	3	2	Tonbridge ... ..	3	10	2	4
Gravesend ... ..	1	2	8	1	Tunbridge Wells ... ..	7	6	2	4
Herne Bay ... ..	2	1	2	1	Walmer ... ..	—	1	3	—
Hythe ... ..	3	—	4	1	Whitstable ... ..	1	—	7	1
Lydd ... ..	1	3	—	1	Wrotham ... ..	5	3	2	—
Maidstone ... ..	9	8	5	2		141	96	138	40
<b>Rural.</b>									
Ashford, East ... ..	4	5	3	1	Milton ... ..	—	1	7	—
Ashford, West ... ..	2	—	6	1	Romney Marsh ... ..	—	—	7	—
Blean... ..	1	3	5	—	Sevenoaks .. ..	10	7	19	2
Bridge ... ..	4	4	9	2	Sheppey ... ..	2	1	6	—
Bromley ... ..	9	4	13	—	Strood ... ..	2	1	6	—
Cranbrook ... ..	2	—	5	1	Tenterden ... ..	—	1	1	—
Dartford ... ..	6	7	25	3	Thanet ... ..	2	—	6	—
Dover ... ..	2	6	6	—	Tonbridge ... ..	13	5	7	1
Eastry ... ..	2	1	18	—					
Elham ... ..	7	—	2	—	Rural ... ..	90	78	183	18
Faversham ... ..	7	4	2	—	Urban ... ..	141	96	138	40
Hollingbourn ... ..	2	2	11	2					
Hoo ... ..	1	6	3	1	Total ... ..	231	174	321	58
Maidstone ... ..	6	9	10	1					
Malling ... ..	6	11	6	3					

It will be seen that there are altogether 405 certified midwives on the present register, and of this number, fifty-eight are certified women who do not act as midwives. The unregistered maternity nurses number 321.



NOTIFICATIONS RECEIVED FROM MIDWIVES.—The requirements of the Central Midwives Board in regard to the various notifications which midwives are required to forward to the Local Supervising Authority, are being much better observed than formerly. To some extent this may be accepted as an indication of improvement in methods of practice. The notifications for the years 1914 and 1915 are set out in the following table :—

	1914.				1915.			
	District.				District.			
	North- west.	South- east.	Total.		North- west.	South- east.	Total.	
Still-births .....	165	86	251	...	131	75	206	
Deaths before arrival { mother .....	—	—	—	...	1	1	2	
of doctor ..... { child .....	13	11	24	...	17	10	27	
Medical help for mother .....	382	333	715	...	357	285	642	
„ „ child .....	267	172	439	...	272	107	279	
Notice of „having laid out a dead body.....	60	26	86	...	47	21	68	
Letters forwarded by County Medical Officer drawing attention to breaches of rules ..	16	6	22	...	10	5	15	
Letters received explaining failure to comply with the rules .....	15	4	19	...	14	3	17	
Letters of enquiry received .....	14	7	21	...	3	16	19	

DETAILS RESPECTING THE NUMBER OF MIDWIVES :—

	North-west District.	South-east District.
Number of midwives on the register on January 1st, 1915.....	251	195
Deaths during the year... ..	2	2
Midwives who were not practising, or who were working in Institutions and not subject to supervision .....	30	28
Resigned during the year.. ....	3	2
Removed out of county.....	16	24
Certificates cancelled.....	2	2
Additional midwives who notified their intention to practise during the year .....	6	8
Number of midwives practising at end of year... ..	202	145
Total number on the Register in the County of Kent—December 31st, 1915 .....	232	173

PUERPERAL FEVER.—The number of cases of puerperal fever notified has decreased by nine, compared with the previous year. In 1914 the total was forty-three, whilst in the year under review it was thirty-four. As regards cases attended by midwives alone, the numbers have decreased from nineteen to fifteen.

	North-West.	South-East.	Total.
Cases notified .....	23	11	34
Attended by Midwives alone .....	9	6	15
„ Doctors.....	12	4	16
Attended by Midwives as Nurses .....	2	1	3



AMOUNT OF WORK CARRIED OUT BY MIDWIVES.—From enquiries made from each registered midwife, it has been ascertained that 8,853 births were attended by midwives alone. The total number of births registered in the administrative County of Kent during the year 1915 was 19,935.

The following particulars are important as affecting the supply of midwives in the county :—

196 midwives attended 25 cases or less.			
51	„	„	26 to 50 cases.
25	„	„	51 to 75 „
12	„	„	76 to 100 „
11	„	„	101 to 125 „
7	„	„	126 to 150 „
4	„	„	151 to 175 „
2	„	„	176 cases upwards.

The number of midwives who attended twenty-five cases or less is very striking, as also is the approximation of the total figures to those of the previous year, the numbers showing only slight variations.

VISITS PAID BY INSPECTORS.—The following is a summary of the visits made by the inspectors in each district :—

	DISTRICTS.	
	North-West.	South-East.
Total visits paid by inspectors ... ..	763	805
Inspections of midwives and unregistered women—		
Bona-fide women ... ..	156	166
Trained women ... ..	226	266
Unregistered women ... ..	1	5

The difference between the number of visits and the number of inspections, is accounted for by special visits, e.g., to patients who have been attended by unsatisfactory midwives; to ascertain whether satisfactory disinfection had been carried out by midwives who had attended cases of puerperal fever, etc.; to midwives when associated with a patient suffering from a high temperature or where the baby has suffered from inflammation of the eyes; inquiries into the practice of uncertified women; attendance at Court and at the Penal Committee meetings of the Central Midwives Board; and interviews with persons interested, in various ways, in the administration of the Midwives' Act.

The following tabulations shew the notifications received from midwives during each of the years 1909 to 1915, inclusive, together with various other details for the seven years. Appended also are particulars of the penal cases (reported to the Central Midwives Board) in each inspector's area, and detailed lists of the complications which necessitated midwives sending for medical help during the year 1915.

**NORTH AND WEST KENT (MISS HARRISON).**

Notifications received.	1909	1910	1911	1912	1913	1914	1915
Medical help for mother .....	143	306	290	372	354	382	357
„ „ child .....	37	74	127	163	196	267	272
Still-births .....	100	150	149	162	149	165	131
Death of mother .....	1	—	1	1	3	—	1
„ child .....	15	16	30	21	20	13	17
Total No. of Midwives in area	225	248	218	217	222	251	232
Certificates cancelled by Central Midwives Board (1909–1915) ..							22
Midwives censured „ „ „ „ „							6

Total penal cases ..... 28

No. of women prosecuted for practising as midwives (1909–1915) ... 21  
 „ midwives „ not notifying intention to practise „ ... 1  
 Of the 225 midwives practising in 1909, 75 were trained and 150 were “bonâ-fide.”  
 „ 232 „ „ 1915, 126 „ 106 „

**PENAL CASES (1915).—1.** Failing to advise medical help sufficiently early when there was inflammation of, and discharge from, the child's eyes, and failing to notify the same to the Local Supervising Authority. Failing to use antiseptic precautions. Failing to keep her register. Result—Certificate cancelled.

**2.** Failing to advise medical help sufficiently early where there was inflammation of, and discharge from, the child's eyes, and failing to notify the same to the Local Supervising Authority. Failing to notify to the Local Supervising Authority that medical help had been sought for the mother. Failing to give the inspector of midwives reasonable facilities for the investigation of her mode of practice. Failing to keep her register of cases as required by the rules. Result—Certificate cancelled.

**3.** Failing to advise medical help sufficiently early where there was inflammation of, and discharge from, the child's eyes. Result—Cautioned as to the strict observance of the rules of the Central Midwives Board, particularly with regard to the prompt notification in cases of inflammation of, and discharge from, the child's eyes.

**4.** Failing to advise medical help in the case of the mother when there was rigour, raised temperature and pulse. Failing to disinfect her person,

clothing and outfit to the satisfaction of the Local Supervising Authority before going to other patients. Result—Cautioned to observe the rules of the Central Midwives Board more strictly.

SUMMARY OF REASONS OF SENDING FOR MEDICAL HELP (1915):—

For the mother :—

Eclampsia .....	4
Abortions .....	29
Inertia .....	46
Abnormal labours (? obstructed).....	28
Anti-partum hæmorrhage .....	27
Post-partum hæmorrhage.....	16
Torn perineum .....	67
Rise of temperature .....	27
Retained placenta .....	29
Abormal presentations .....	35
Illness of patient (Inflamed veins in leg) .....	7
Miscellaneous illness.....	42
Total.....	357

For the child :—

Spina bifida.....	4
Inflammation of the eyes .....	131
Asphyxia.....	2
Convulsions .....	13
Circumcision .....	4
Deformities.....	17
Dangerous feebleness.....	38
To see still-birth (re burial).....	8
Miscellaneous .....	55
Total.....	272

SOUTH AND EAST KENT (MISS CROWNSHAW, SUCCEEDED BY MISS BERRY.)

Notifications received	1909	1910	1911	1912	1913	1914	1915
Medical help for mother .....	121	227	226	287	325	333	285
„ „ child .....	41	88	126	141	155	172	107
Still-births .....	38	74	85	87	75	86	75
Death of mother. ....	1	—	4	1	2	—	1
„ child.....	7	10	17	16	11	11	10
Total No. of midwives in area ...	115	113	166	176	166	195	173
Certificates cancelled by Central Midwives Board (1909–1915) .....							16
Midwives censured „ „ „ „ „ .....							2
Total penal cases .....							18
No. of unregistered women prosecuted for practising as midwives (1909–1915) .....							11
„ midwives prosecuted for not notifying intention to practise .....							1
Of the 115 midwives practising in 1909, 40 were trained and 75 were <i>bonâ fide</i> .							
„ 173 „ „ 1915, 102 „ 71 „ „							



PENAL CASES (1915).—1. Failing to keep her person, clothing and outfit clean. Failing to take and keep a record of temperature and pulse. Failing to keep her register of cases as required. Result, certificate cancelled.

2. Failing to advise medical help in case of illness of patient. Failing to take and accurately record the pulse and temperature. Result, certificate cancelled.

PROSECUTION.—Proceedings were taken against a woman in the Eastry Rural District, under Section 21 of the Midwives Act, 1902, and a fine of £1 6s. 0d (including costs) was imposed.

SUMMARY OF REASONS OF SENDING FOR MEDICAL HELP (1915):—

For the mother :—

Rise of temperature .....	32
Retained placenta .....	27
Illness of patient .....	9
Anti-partum hæmorrhage .....	8
Post-partum hæmorrhage.....	8
Eclampsia .....	2
Ruptured perineum .....	52
Obstructed labour .....	50
Uterine inertia .....	35
Abortions .....	8
Mal-presentation .....	19
Miscellaneous .....	16
Abnormal labours .....	19
	<hr/>
	285
	<hr/>

For the child :—

Premature and feebleness .....	39
Miscellaneous .....	34
Inflammation of eyes.....	34
	<hr/>
	107
	<hr/>

*Abortions and Still-births.*—At the latter end of 1914, all the midwives in the County of Kent were circularised and asked to state (*a*) particulars regarding their attendance on still-births and abortions, (*b*) any cause of which they were aware for the occurrence of such still-births and abortions in their practices, (*d*) their knowledge of drugs, articles or other means used for procuring abortions, and (*e*) to make suggestions or give information which would be useful in dealing with prevention of still-births and abortions.

Three hundred and sixteen replies were received from the practising midwives out of a total of three hundred and twenty-four circularised. The principal causes of still-births and abortions, were stated to be shock, illness of patient, overwork, sudden exertion during pregnancy, unsuitable field work, malpresentations, the use of drugs and venereal diseases.

The methods most commonly practised to procure abortions were the use of strong purgatives (the latter also used in conjunction with spirits) the use of advertised drugs of various ingredients, and instrumental interference. The principal reason given for the use of the abortifacients was that of "insufficient means to provide for large families." Many useful suggestions were made by the midwives as to the means that might be employed to prevent the occurrence of still-births and abortions, and particulars were furnished by several midwives of the advice given to their patients to enlighten them on the dangers of the practice.

#### MATERNITY AND CHILD WELFARE.

At the time of writing this report, the question is under consideration by the County Council, of appointing health visitors in combinations of districts in the county which have hitherto taken no action in this direction.

Particulars of the position of affairs in each administrative area, with brief details of schemes in operation, including the provision of health visitors and child welfare centres, are contained in part II. of this report under the heading of each separate district. The information has been extracted from the annual query sheets.

#### PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.

In accordance with the circular of the Local Government Board, dated October 27th, 1913, I beg to report as follows on the administration of the above Regulations in the area under the jurisdiction of the County Council during the year 1915. I am indebted to the County Analyst for the information here contained :—

##### 1.—*Milk and Cream (not sold as Preserved Cream).*

	(a)	(b)
	Number of samples examined for a preservative.	Number in which a preservative was reported to be present.
Milk .....	1157	3
Skimmed milk .....	14	0
Cream .....	41	13

2.—*Cream sold as preserved cream.*

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the labels as to preservatives were correct.

(i.) Correct statements made.....	33
(ii.) Statements incorrect .....	0
	—
Total.....	33
	—

(b) Determinations made of milk fat in cream sold as preserved cream.

(i.) Above 35 % .....	33
(ii.) Below 35 % .....	0
	—
Total.....	33
	—

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the regulations have not been observed.

No such instances reported.

(d) Cases in which the Regulations have not been complied with.

Cream 193 Elham	Contained 0·38 % boric acid.
„ 10 Tonbridge	„ 0·19 % „
„ 17 Elham	„ 0·41 % „
„ 152 Bromley (Met.)	„ 0·11 % „
„ 50 Elham	„ 0·40 % „
„ 25 Sevenoaks	„ 0·19 % „
„ 45 Dartford	„ 0·20 % „
„ 12 Faversham	„ 0·18 % „
„ 14 Faversham	„ 0·30 % „
„ 161 Home	„ 0·25 % „
„ 47 Dartford	„ 0·21 % „
„ 16 Faversham	„ 0·20 % „
„ 175 Tonbridge	„ 0·42 % „

Three milk samples were found to contain boric acid.

134 Sittingbourne, 14 grains per gallon of milk.

84 Broadstairs, 25·9 grains per gallon of milk.

Private purchaser's sample, 14 grains per gallon of milk.

3.—*Thickening Substances.*—No evidence of the addition of any of these substances to a sample of cream or preserved cream was observed.



4.—*Analyst's Observations, if any.*—One sample of condensed milk was examined and found to be free from preservatives. The quantities of fat and boric acid found in preserved creams are here given :—

Fat.		Boric acid.	Fat.		Boric acid.
46·7 %	...	0·33 %	54·07 %	...	0·38 %
42·9 %	...	0·38 %	52·71 %	...	0·21 %
47·7 %	...	0·18 %	48·46 %	...	0·35 %
47·1 %	...	0·28 %	49·10 %	...	0·37 %
49·4 %	...	0·40 %	46·39 %	...	0·42 %
54·5 %	...	0·37 %	48·6 %	...	0·36 %
50·1 %	...	0·20 %	50·0 %	...	0·47 %
37·7 %	...	0·15 %	46·38 %	...	0·32 %
48·3 %	...	0·22 %	43·50 %	...	0·26 %
56·4 %	...	0·19 %			

The average percentage of boric acid in the preserved cream samples was, therefore, 0·30 %.

#### HOUSING, TOWN PLANNING, &c., ACT, 1909.

The value of this Act, particularly that portion which deals with the inspection of houses, is more evident as systematic work of the nature set out in the regulations framed by the Local Government Board proceeds, and housing accommodation is steadily improving.

The reports which have been received are, in several instances, not framed in accordance with paragraph 5 of the Regulations of the Local Government Board, and in these cases the desired information has been obtained by direct enquiry.

It would appear that 6,294 houses have been inspected under the Act in urban districts, and 3,783 in rural, both being considerable decreases as compared with the previous year. 222 houses (168 urban and 54 rural) were considered to be unfit for human habitation and 189 closing orders (145 urban and 44 rural) were made. In the latter cases, 70 premises (53 urban and 17 rural) were afterwards made habitable. In 5,141 premises (3,149 urban and 1,992 rural) the defects were remedied without the making of closing orders. It will be seen that houses which presented defects constituted a large proportion of those inspected, and a much higher percentage of the houses inspected received attention by the owners than was the case in 1914. This is probably accounted for by the fact that inspections were limited in many districts to houses presenting, or likely to present, defects requiring urgent attention. There is considerable variation in the amount of work done in the different districts.

The general character of the defects found to exist were principally at follows :—Dirty walls and ceilings ; dampness of houses due to defective roofs, guttering, rain-water pipes, wall footings, chimneys, etc. ; defective floors ; closets defective in structure, or insufficient in the number provided ; defective

soil pipes and drain ventilators ; defective drains ; absence of sinks ; absence of sanitary dustbins ; defective or insufficient yard paving ; ventilation insufficient or absent (houses back-to-back or back-to-back in principle, etc.) ; insufficient water supply ; and general dilapidation of premises.

The County Council appointed a county sanitary inspector during the last quarter of 1914, to assist in the supervision of housing conditions of the rural districts. He is at the present time on military service and detailed particulars of his work will be given in future reports, after he resumes duty.

The following are extracts from certain reports of district medical officers of health, and refer to housing conditions generally :—

*Chatham.*—Dr. Holroyde observes :—“ Good houses are an indispensable necessity if families are to be kept healthy, but probably more depends on the housekeeper than the house. It is possible by the exercise of judicious cleanliness to make a structurally defective building healthy, and absence of cleanliness, on the other hand, will in a less degree nullify the hygienic advantages of well designed structures.

“ The worst cases, and unfortunately the most common ones, are those where the houses are bad, and the occupiers share the same failing.

“ There is no phase of sanitary work likely to produce so much benefit to the public health as work directed to the improvement of the dwellings and habits of the people. During recent years great strides have been made in this direction, and many houses unfit for habitation have been demolished or made fit.

“ The effect of the war has been seriously to check the housing movement, chiefly for three reasons, viz. : the shortage of men, materials and money. On the other hand, housing accommodation is severely taxed and at no time has the necessity for vigilance in regard to housing been so paramount as at present. The real difficulty exists in the shortage of houses, and when accommodation cannot be found for dispossessed tenants, they cannot be turned out of dwellings which under other circumstances would be closed.”

*Erith.*—Dr. Barnes writes :—“ Towards the end of the year, after the war had been in progress some months, there was a large influx of workmen, both English and Belgian, to satisfy the requirements of the ammunition factories and gun works of Messrs. Vickers, so that considerable difficulty was experienced in finding housing accommodation for so many, and although several large empty private houses were taken and let out in flats and apartments, there was much congestion and some overcrowding. Still this did not fully supply the demand, and many had to find residence in



TABLE 18.—Showing the number of houses inspected under, and for the purposes of, Section 17 of the Housing, Town Planning, &c. Act, 1909, in the Urban Districts of the County of Kent.

DISTRICT.	Number of dwelling-houses inspected.	Number of dwelling-houses which were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation.	Number of representations made to the local authority with a view to the making of closing orders.	Number of closing orders made.	Number of dwelling-houses, the defects in which were remedied without the making of closing orders.	Number of dwelling-houses which, after the making of closing orders, were put into a fit state for human habitation.
Ashford ... ..	163	—	—	—	62	—
Beckenham ... ..	42	—	—	—	20	—
Bexley ... ..	44	1	1	1	15	1
Broadstairs and St. Peter's	20	8	3	1	7	1
Bromley (Borough)...	308	—	1	—	90	—
Chatham (Borough) ...	25	25	25	25	—	8
Cheriton ... ..	169	2	2	2	104	2
Chislehurst ... ..	2	—	—	—	7	—
Dartford ... ..	182	—	—	—	140	—
Deal (Borough) ... ..	326	1	1	1	93	1
Dover (Borough) ... ..	236	2	2	2	177	3
Erith... ..	964	—	—	—	128	—
Faversham (Borough) ...	259	—	—	—	109	—
Folkestone (Borough) ...	No action taken during 1915 under H.T.P. Act.					
Footscray ... ..	Work in abeyance.		Inspection of officer on active service.			
Gillingham (Borough) ...	141	15	15	14	120	—
Gravesend (Borough) ...	182	14	40	40	142	4
Herne Bay ... ..	28	—	—	—	17	—
Hythe (Borough) ... ..	285	—	—	—	162	—
Lydd (Borough) ... ..	—	—	—	—	—	—
Maidstone (Borough) ...	128	—	—	—	27	1
Margate (Borough) ... ..	26	16	16	15	—	4
Milton Regis ... ..	226	—	—	—	215	—
New Romney (Borough) ..	—	—	—	—	—	—
Northfleet ... ..	151	26	4	4	119	4
Penge ... ..	172	—	—	—	52	—
Queenborough (Borough) ...	30	—	—	—	30	—
Ramsgate (Borough) ... ..	40	37	—	—	22	—
Rochester (City) ... ..	85	13	13	13	44	—
Sandgate ... ..	224	—	—	—	12	—
Sandwich (Borough) ... ..	50	—	—	—	16	—
Sevenoaks ... ..	18	1	1	3	—	—
Sheerness ... ..	563	8	8	8	497	8
Sittingbourne ... ..	553	—	14	14	331	14
Southborough ... ..	43	2	2	—	24	2
Tenterden (Borough) ... ..	19	1	1	1	7	—
Tonbridge ... ..	146	—	—	—	103	—
Tunbridge Wells (Borough)	129	—	—	—	46	—
Walmer ... ..	125	—	—	—	31	—
Whitstable ... ..	190	1	1	1	180	—
Wrotham ... ..	—	—	—	—	—	—
Total Urban ... ..	6294	168	150	145	3149	53



but I am sorry to say that in many instances they do not, and in a very short time the houses become as insanitary as they were before the inspector's visit. The good landlord receives very little encouragement, and the inspector's duties are made very unpleasant by unsatisfactory tenants. I trust that as the education of the working classes advances, we shall see less of this very unsatisfactory condition of things. My present experience is, that a good tenant will make a bad thing into a good one, and a bad tenant will turn the best apparatus into a nuisance, and the cleanest house into a pigsty.

"I should welcome any legislation imposing a penalty on the dirty destructive tenant."

*Hoo Rural.*—Dr. Outred writes:—"The Council has now sanctioned a scheme which is in progress, for the erection of forty houses in Bells Lane, Hoo, and ten in Chattenden Lane.

"This scheme has been approved of by the Admiralty, who are making a contribution towards the cost of building. The houses to be erected will be of two types.

"(a) Each house under this type will be so constructed as to allow three bedrooms, one parlour, one large living room, and a scullery, in which is placed a bath.

"These are to be erected at a cost which will enable the council to let at seven shillings per week. Two blocks of four will be erected, and one of two.

"Frontage 16 ft., and 100 ft. garden.

"(b) These houses will be somewhat smaller, and will consist of three bedrooms, one large living room and a scullery. These are to be built in rows of ten, with 16 ft. frontage, and will be let at six and eightpence per week. The Local Government Board has granted a loan at  $4\frac{1}{2}$  per cent. Earth closets will be supplied, and the kitchen waste-waters, etc., will pass into the sewer which eventually discharges to the marshes."

The following information relates to districts in which there is stated to be an insufficiency of housing accommodation:—

*Bexley.*—Overcrowding in many houses, and also certain bedrooms used both night and day, but owing to the demand for accommodation for munition workers, it has not been considered advisable to adopt too strong an attitude on this matter. Fruit pickers' huts have been used for accommodation, but this ceased on the representation of the council.

*Chatham.*—General insufficiency of houses.

*Cheriton.*—Small cottage property appears so be in great demand owing to the married quarters at Shorncliffe Camp being required for military purposes and the people therefrom having to find accommodation in the district. This appears to be only temporary during the war.

*Dartford.*—Housing accommodation insufficient in town generally. A Local Government Board inquiry has been held into a housing scheme which, however, is in abeyance during the war.

*Erith,* being a munition area, is badly in want of extra housing accommodation, as every house is occupied, and a large number are over-crowded.

*Faversham.*—Owing to the presence of troops and the influx of munition workers there is a great scarcity of empty houses and lodgings.

*Margate.*—Insufficiency of houses let at low rentals.

*Northfleet.*—No actual insufficiency, but owing to the number of munition workers now living in the district there is a tendency for houses to be occupied by two families which formerly only held one. This, however, has led to no over-crowding as yet.

*Rochester.*—Great insufficiency of cottages and artisans' dwellings.

*Sandgate.*—Great shortage of houses suitable for working-classes.

*Tunbridge Wells.*—Insufficiency to a small extent owing to dearth of low-rented houses. Some three or four dozen houses, about 8s. a week rent, at the north end of the town are shared by two families.

*Dartford Rural.*—Insufficiency in several of the out-lying parishes—Southfleet, Ash, Longfield, etc.

*Faversham Rural.*—Owing to munition work there are no empty houses.

*Hollingbourn.*—General want of cottages.

*Malling.*—Insufficiency of housing accommodation at Ightham.

*Sheppey.*—Slight insufficiency at Eastchurch.

*Strood.*—Great shortage of working-class dwellings in Cliffe and Frindsbury, owing to the influx of munition workers into the district. Negotiations have taken place between council and Admiralty with a view to evolving a scheme whereby the council would be enabled to erect fifty houses in the neighbourhood of Wainscott for the accommodation of employees at the Admiralty Works.



*Tenterden Rural.*—Insufficiency of houses at Woodchurch, Rolvenden, Biddenden, Wittersham, Appledore and High Halden. A Local Government Board inquiry was held in 1914, and the council were pressed to provide additional accommodation.

#### SANITATION OF HOPPER ENCAMPMENTS.

During the year 1915, these huts were inspected regularly and efficiently in the various districts. The water-supply was kept under close supervision, and more attention has continued to be paid to lighting and ventilation than formerly. For the most part the regulations were followed satisfactorily.

#### UNSOUND FOOD.

The question of unsound food was dealt with fully in my 1913 report, as regards the general action taken in the different districts with respect to discovery and condemnation. I do not purpose, therefore, detailing the matter further in this report.

#### WATER SUPPLIES AND SEWAGE DISPOSAL.

I do not intend to deal with these questions this year under the specific headings, but particulars of any developments which took place during 1915 are contained in Part II. of this report under each separate district. The information there given has not been extracted from the district reports, but has been obtained by direct enquiry.

#### SCAVENGING.

As this important subject has not been dealt with at length in any previous annual health report of Kent, I have devoted some space to it this year.

During 1914, an interesting return, as to scavenging in urban districts, was prepared by the public health department of the Local Government Board.

The following extracts have been taken from that return, and also from various annual health reports of district medical officers of health in Kent.

The term "scavenging," includes the storage, removal and disposal of house-refuse, and of refuse from traders' premises and from manufactories, stables, mews, cowsheds, and streets. "House-refuse," means only ashes, vegetable refuse, tins, etc., and does not include slop water and excrement.

The accumulation of refuse in the neighbourhood of dwellings, which is usually a consequence of the use of fixed ashpits, is objectionable, not only



because of the effluvium nuisances which it tends to create, but also because of the opportunities afforded for the retention of infective material, in an active condition, and for the breeding of flies, gnats and rats, which are known to be carriers of infection in certain cases.

In August, 1913, the Medical Officer to the Local Government Board stated in summarising the results of previous investigations:—

“The exact share borne by flies in conveying the infection of epidemic diarrhoea cannot yet be stated. It would be a mistake, with our present knowledge, to assume that the problem of the prevention of this disease is limited to the destruction of flies. It is concerned also with the personal cleanliness of the mother who has to prepare the infant's food and with the cleanliness of the house, the backyard, the court, and the street, from which infective material may obtain access to the infant's food, with or without the intermediation of flies. For practical purposes, however, the number of flies in the summer months may be regarded, in towns, as a valuable index, under present conditions, of the possibilities of contamination of food by pathogenic microbes, or by decomposing organic matter, especially in districts in which privies and pail-closets persist, and in which accumulations of house-refuse or stable-refuse are permitted.”

It should be remembered that the eggs of the fly, when deposited on organic matter, may develop in hot weather through the various stages to the adult insect in little more than a week, and that each female fly is capable of reproducing a progeny of one hundred and twenty flies in the course of a fortnight when the air temperature exceeds 75 degrees Fahrenheit. For this, among other reasons, it is important that frequent cleansing of receptacles, for house-refuse and manure, should be carried out. For the prevention of flies, it is essential to deal with their breeding places.

During the last year or two there has been a free distribution throughout Kent of the memorandum and circular, which I have presented to you previously, respecting the fly problem.

There is no question but that the method of storing house-refuse in movable receptacles is infinitely superior to storage in fixed ash-pits. Often, however, the receptacle itself is not satisfactory, when it consists of old wooden boxes, etc., without cover. The only satisfactory type of receptacle, from the point of view of the public health, is a galvanised iron dust-bin, or one constructed of equally impervious material of sufficient strength, with a tight-fitting cover, and of such a size to contain not more than one week's accumulation of refuse.

The provision of such a suitable receptacle can be enforced by means of bye-laws made under the Public Health Acts. Where the council of an urban district or borough undertakes, or contracts, for the removal of house-refuse, at least once a week, the Local Government Board are willing to confirm a bye-law, made under section 157 of the Public Health Act, 1875, in the following form :—

“Every person who shall provide an ash-pit, in connection with a building, shall cause such ash-pit to consist of one or more movable receptacles sufficient to contain all dust, ashes, rubbish and dry refuse which may accumulate, during a period of not more than one week, upon the premises for which it is provided.

“Such receptacle, or where there are more than one, each of such receptacles shall be—

“(a) Constructed of galvanised iron or other suitable impervious material of a sufficient strength and thickness.

“(b) Provided with suitable handles and a properly fitting or rain-proof cover.

“(c) Of a capacity not exceeding two and a half cubic feet.”

The application of this bye-law, however, is generally limited to cases in which a new receptacle is provided and does not apply, as a rule to existing property.

Powers of more general application are conferred by Section 36 of the Public Health Act, 1875.

Some councils themselves provide covered galvanised iron bins for houses in their districts which are without them.

As showing the need for efficient scavenging, especially in hot weather, the following extract from a circular letter of the Local Government Board, dated July 10th, 1914, is of interest :—

“Domestic attempts at cleanliness may be rendered inoperative by conditions outside the house, and it is most important that these conditions should receive attention from the council. Unpaved streets and yards should, where necessary, be paved, and, in particular, all accumulations of refuse, in the neighbourhood of dwellings, should be promptly and efficiently removed. These accumulations provide breeding grounds for flies, and are otherwise open to serious objection. It is, therefore, essential to the health of a district, that there should be arrangements for the frequent removal of house, stable and street refuse, and the contents of privies and other closets on the



conservancy system, and for the disposal of refuse and excrement under sanitary conditions. In the best-administered districts, fixed ashpits have given place to movable ashbins with covers, and house-refuse is removed in properly covered carts by the council's own workmen, under the superintendence of the surveyor at regular intervals, and never less frequently than once a week. If the refuse is not burnt, it should be disposed of in places remote from dwellings, and should then be kept properly covered with earth. In many districts all refuse can be disposed of in a destructor."

The following extracts from the annual health reports (1914 or 1915) of various district medical officers of health, in Kent, have special reference to scavenging or the removal of refuse, and are supplemented by information obtained from the Local Government Board return already referred to :—

#### URBAN DISTRICTS.

*Ashford.*—There are very few brick ash-pits in the district, and most of the inhabitants use movable ash-bins in the shape of pails, boxes, etc. Steps should be taken to enforce the use of covered receptacles by all householders. There are, unfortunately, many stables situated in the town where manure collects. According to the bye-laws this must be removed fortnightly.

A daily collection of house-refuse is carried out, and the streets have the appearance of being kept in good order. Open carts are used, except in windy weather. During the year 1913, to obviate complaints made with regard to the smell produced by the burning of refuse at Bybrook, the council decided to discontinue the system of depositing it on the land near the sewage disposal works, and to cart the refuse collected in the district to Hampden Farm.

The tip is in a field eight hundred feet from inhabited houses. Tinned material is sorted and sold, the residue is burnt and given to farmers free for the fetching, but the medical officer of health has brought before the council the desirability of providing a refuse destructor for Ashford.

*Beckenham.*—There are no ashpits in the town, and every occupied house is provided by the owner with a galvanised iron dustbin for the reception of house-refuse in accordance with the Beckenham Urban District Council Act, 1903. The dustbins are emptied once a week, and their contents carted to the destructor. Special arrangements exist for the frequent removal of refuse from the premises of fishmongers, butchers, &c., and from hospitals and hostels it is removed thrice weekly. The destructor is situated at the electricity works in Church Fields Road, and consists of six cells with a back feed. About 126 loads of refuse are burnt weekly, and the heat is



utilised to generate steam and supply power to the engines of the electric works. The burnt clinker is converted into road-making material by the surveyor's department. During the summer months there is a bi-weekly collection of house-refuse, and at this time of the year householders are advised to burn as much waste vegetable and refuse matter as possible, and so prevent its accumulation about their houses.

*Bexley.*—Covered galvanised iron bins are generally in use, and the work of removal is carried out by a contractor under the supervision of the inspector of nuisances. A regular weekly collection of refuse, in lieu of a fortnightly collection, was instituted on 1st April, 1914. The more frequent service is a desirable sanitary improvement in the closely populated parts of the district, and is appreciated in the better-class residential parts, although the need for a frequent collection there is not so great, owing to the fact that larger gardens give the occupiers greater opportunities for disposing of the refuse. There are practically no dry ashpits in the borough. Sixty-seven per cent. of the refuse is temporarily deposited on tips remote from houses, and subsequently ploughed into the land. There is great difficulty in obtaining suitable shoots for disposal, and the whole question is one which will require re-consideration.

*Broadstairs.*—The inhabitants of the district are required to provide covered galvanised iron receptacles for the storage of house-refuse, and about seventy-five per cent. of the receptacles are of this character. The contents are collected daily, by the council's own men, in the town portion of the district, and three times a week in the outlying areas. Covered carts are used for the collection of the refuse, which is conveyed to land, hired from a farmer, who disposes of the collected material for agricultural and brickmaking purposes. The farmer burns all waste-paper, straw, etc., and sends the tins away by rail. The refuse is dealt with daily, and is not stored at the dépôt.

The annual cost of the collection of refuse is about £688 ; hire of dépôt £40—Total £728.

*Bromley.*—Although no special type of receptacle is insisted upon, covered galvanised-iron ashbins are almost universally in use for storage. There are about fifty dry ashpits in the borough. The refuse is removed in covered carts by the council's own workmen under the superintendence of the borough engineer at regular intervals, and never less frequently than once a week. A charge is made for the removal of trade-refuse, and stable-refuse is required to be kept covered and removed once a week.

From July 20th to September 20th, *i.e.*, in the hottest time of the year, there is a bi-weekly removal of refuse from the houses of the poorer classes in certain streets which have been scheduled.

All the refuse is disposed of in the destructor. No refuse is sent away outside the borough and none is received. A small amount of "breeze," *i.e.*, sifted cinders from refuse, is imported into the district for brickmaking, but this material gives rise to no nuisance.

The removal of house-refuse by tipping the contents of the ashbins into the cart outside the house is not ideal owing to the dust and objectionable smell caused thereby, and it is hoped that some more satisfactory method will, in time, be adopted.

The cost works out at 1s. 1d. per head of the population for collection, and 9d. per head for disposal.

*Chatham.*—In about five hundred houses, covered galvanised iron receptacles are used, but in other premises, boxes, tubs, etc., are utilised as ashbins. In the principal thoroughfares removal takes place daily, and in other parts of the town on two days weekly. Carts are occupied all day in this work, but a great improvement would be effected if the streets were cleared by an early hour in the morning. Some of the carts are properly covered, others partly so. The collection of household refuse is dealt with by the surveyor's department. Fish-offal is removed by the sanitary department. It is placed in covered bins, collected daily, and removed in a closed van. Every bin and the interior of the van is cleansed daily.

The place of deposit is on land known as the Pickle Valley, situate on the outskirts of Luton, and the ashes are sorted out and used for brick-making. The tip is situated 440 yards from any houses. The size of the heap increases year by year, concurrently with the increase of population on the one hand, and with the decreased use of the material for brickmaking and for application to cultivate on the other. For these and for other reasons it has been decided to adopt other measures for the disposal of the refuse, and the medical officer of health thinks a refuse destructor—the only sanitary and effective method of disposal—will be installed with the least possible delay. The preliminary measures necessitate the provision of a suitable site, and the approval of the Local Government Board to the scheme. Meanwhile the refuse has to be disposed of, and if the Pickle Valley ceases to be available it will be necessary to provide a fresh site for the temporary disposal of the refuse, pending the erection of the destructor.

*Cheriton.*—Each house in the district is provided with a sanitary dustbin, the contents of which are collected weekly, while those at schools and large premises are emptied twice weekly. The Shorncliffe Camp dustbins are emptied daily. There are no ashpits in the district. The refuse is collected by a contractor, and deposited at the Cheriton brickfields, where it is ulti-



mately utilised for brickmaking purposes, etc. The refuse is sorted by the owner of the brickfield, and he buys the materials.

Some little difficulty was experienced in the collection of house-refuse at the commencement of the war, owing to the military authorities commandeering a considerable number of the contractor's horses. These horses were, however, released in the course of a few weeks, and normal arrangements were then resumed.

*Chislehurst.*—Covered galvanised iron receptacles are generally in use, there being practically no dry ashpits in the town. There is a satisfactory system of collection, in most of the houses the refuse being collected once each week, and during the hot weather twice weekly by the council's own workmen.

The council have a large area of land on which to dispose of the refuse. In 1911 they purchased the White Horse brickfields, on which there are large hollows which require to be filled up. About sixty-two per cent. of the total refuse is used for this purpose, and the tip is situated five hundred yards from the nearest houses. The lighter portions of the refuse are burned. Should a destructor be decided on later, there is ample room for one on this land.

*Dartford.*—About seven per cent. of the ash receptacles in the borough (about 280 in all) are dry ashpits. From thirty to forty ashpits per annum are replaced by covered galvanised iron bins.

A weekly collection is arranged for the whole of the district, but in the business centre of the town there is a collection two or three times a week, or more often if necessary. The refuse is burned in a high temperature destructor.

A remodelling of the nuisance bye-laws was carried out during 1914, and stable and other manure must now be removed weekly.

*Deal.*—Landlords are compelled by the council to provide suitable sanitary dustbins for the deposit of refuse, and these are now generally in use. There are about fifty dry ashpits. The refuse is collected in the council's closed dust-carts three times a week. It is removed to a depôt in South Wall Road on the outskirts of the borough, well removed from dwelling-houses, and is sold to farmers for use as manure.

*Dover.*—There are between two thousand and three thousand covered galvanised iron dust-bins in use and about five thousand various other receptacles, mostly galvanised pails. Practically no ashpits are in use.



The house-refuse of the borough is collected daily by a contractor employed by the corporation, except in the outlying portion forming the sub-parish of River, where the collection is made twice a week. Part of the collected material is conveyed to lay-stalls, outside the borough boundary, while the remainder is loaded into a hopper-barge, by which it is conveyed one mile out to sea in the tideway, and there discharged.

The cost of refuse removal and disposal amounts to an average of about £2,600 per annum.

*Erith.*—House-refuse is collected by the council throughout the district twice a week. Haulage is provided by a contractor.

The council's bye-laws require that occupiers shall place the refuse in proper sanitary dustbins, with covers, either on the kerb or in the forecourts of the houses, or in cases where there is at the backs of the houses a passage-way sufficiently wide to admit a cart, the receptacle may be placed near the door in the garden leading into the passage. There are about five thousand covered galvanised iron dustbins in the borough, and about fifteen hundred wooden boxes, iron pails and baths.

The refuse is deposited on various shoots (six in all) at Anchor Bay and on the Marshes, there being no dust destructor. The nearest houses to these tips are 200 yards distant in one case, and in the others from 880 to 1320 yards. A man is employed on these shoots to collect and burn all refuse which can be consumed in this manner, such as paper, etc.

The cost of collection and disposal of house-refuse works out at sevenpence per head of the population.

*Faversham.*—Only a small proportion of the inhabitants use covered galvanised iron dustbins. The remainder utilise old boxes, baths, pails, baskets, etc., for the purpose of storing house-refuse. The scavenging is done by the authority itself under the management of the borough surveyor. The refuse is carted to a dépôt outside the borough and burnt there.

*Folkestone.*—There are about seven thousand covered galvanised iron dustbins in the borough, but in three hundred instances wooden boxes are used. In addition there are two hundred dry ashpits. Removal is carried out by the corporation. The refuse, both house and trade, is collected in covered carts from all premises at least three times a week, and from the busiest parts of the town and large hotels more frequently.

All refuse, as well as carcasses and other condemned food, is now destroyed in the destructor.

The fish-offal from the market, which used to be removed in tumbrils for destruction at the refuse destructor, is now being treated by special plant for reducing it to pulp, after which it is dried and made into powder. This is sold to a firm for manufacture into manure. In addition to this, the flue dust of the destructor is used for mixing with disinfectant, thus making a disinfectant powder. The clinker is used for road surfaces, and material for concrete making is also produced. Concrete slabs for the pavement of footways in the borough are turned out.

The cost of collection of the refuse works out at about 5s. 5d. per ton, and the cost of disposal at about 5s. per ton

*Footscray.*—Covered galvanised iron receptacles are generally in use, and refuse is collected once weekly by the council's own men under the supervision of the surveyor, covered carts being used. Either ashpits or suitable bins are required to be provided for new houses. The refuse is deposited on agricultural land in isolated places outside the district. In previous reports frequent mention has been made of the increasing difficulty of finding places sufficiently isolated to prevent the accumulations of refuse from becoming a nuisance, and the desirability of acquiring a destructor.

*Gillingham.*—The carts call round three times a week, so that there is no excuse for storing the refuse in heaps at the backs of houses. It has to be placed by the householder in a convenient place for the men to remove. There are between nine hundred and a thousand covered galvanised iron bins in use, but in many houses boxes, tubs, baths, scuttles, buckets, etc., are utilised for the purpose of storing refuse. Bye-laws respecting the removal of house-refuse have been adopted in 1915. Movable bins are provided in all new houses.

All the refuse is tipped by the side of the River Medway, in close proximity to the sewage works, there being very few houses in the vicinity. The owner of the tip sorts out old tins. The council's men accompany those from the contractor who supplies the carts and horses. A re-arrangement of the district has taken place during the year.

*Gravesend.*—Covered galvanised iron bins are generally in use, and there are very few dry ashpits. The refuse is collected by the council in covered carts, and deposited at West Court Farm, outside the district, by the same contractor who undertakes the removal of sewage. The borough is now divided into six districts, as against four previously, and removals take place from the barracks, the military hospital and buildings used for billeting. With regard to shop refuse, a small charge is made if this is different from the ordinary house-refuse, and requires special arrangements to be made as to time of collection, etc.



In the early part of 1914 the committee dealt with the question of collection by a motor driven vehicle. Such a method would be much more satisfactory, and the initial outlay would be amply repaid by the economy of running and the saving of time, which would facilitate more frequent emptying of the dustbins, etc.

*Herne Bay.*—There are no ashpits in the district, covered galvanised iron dustbins being generally in use. The collection of house-refuse is carried out by a staff under the direction of the surveyor. The refuse is collected daily in the town, and three times a week in the outlying portions of the district—all receptacles being disinfected with carbolic powder. The collected material is conveyed to a dépôt, situated in the open country, about two and a half miles from the town and about half a mile from the nearest house, where it is utilised for agricultural purposes.

*Hythe.*—There are no ashpits in the district, covered galvanised iron dustbins being generally in use. The refuse is collected by the council's employees twice a week, the collected material being conveyed to a dépôt at West Hythe, about four hundred yards distant from the nearest houses.

*Lydd.*—Following a report by a medical inspector of the Local Government Board, the town council undertook the removal of house-refuse by contract, in 1913, open carts being used. This improvement has shown itself to be of great advantage both to the cleanliness of the neighbourhood and to the general welfare of the inhabitants. There are between fifty and sixty wet ashpits in use and about the same number of dry ashpits. A number of ashpits have been replaced by covered galvanised iron dust bins in recent years.

All the refuse is disposed of by carting to a tip.

*Maidstone.*—Covered galvanised iron dustbins are in general use throughout the town, but in addition there are about four hundred dry ashpits. Covers have been fitted to the collecting carts, thus preventing the nuisance of the refuse being blown about. The usual custom is to collect once a week, and the work is carried out by a contractor.

The refuse is deposited in two disused stone quarries on the outskirts of the borough, a considerable distance from any houses, where building operations are not likely to take place for many years. It is sorted at the tips by the contractor, who sells the materials sorted out. In addition, a few thousand loads are taken by farmers for manurial purposes.

The cost of collection and disposal of house-refuse works out at about 1s. 2d. per head of the population,



*Margate.*—House-refuse is collected daily over a large part of the town in the early morning, in the remaining parts on alternative days. The whole of the refuse is removed from the houses by about noon. As much as sixty tons have been collected and removed in one day during the month of August. It is most difficult to induce ratepayers to use proper receptacles for rubbish, and it is still more difficult in many instances to get them kept moderately clean; it must be detrimental to health, especially in the summer time, to have these battered old tins and filthy boxes left about the premises. A good deal of attention of late has been given to this matter by the sanitary department, and an improvement has been effected, but there still remains a large number of offenders in this respect. About eighty per cent. of the householders use sanitary dustbins. There are no dry ashpits.

The town refuse, where possible, is collected from the backs of houses and conveyed in covered carts and vans to the refuse destructor about a mile from the town, where it is burnt. A most modern, up-to-date refuse destructor has been erected, which is capable of easily dealing with 120 tons of refuse per day, and is considered second to none in efficiency. The plant is of two complete units of four cells each with boilers, forced draught fans, steam blast flues, combustion chambers and carcass chambers. The chimney stack is 150 feet high, and is lined with firebrick throughout. The destructor has been in full working order since 1913, and the results are in every way highly satisfactory.

*Milton Regis.*—Scavenging is undertaken by the council, and a bi-weekly collection from the backs of houses is the system in force. There are over three hundred covered bins in use, but these are not insisted upon throughout the district, over twelve hundred of the receptacles being ordinary pails, baths and boxes. The council should insist upon properly constructed covered impervious receptacles for the storage of this house-refuse, which they are fully empowered to do. All up-to-date sanitary authorities are taking this course as being necessary for the public health. Milton Regis is not usually behind in sanitary improvements.

The refuse is carted to two tips, which are situated about 440 yards from the nearest houses.

*New Romney.*—The scavenging is done once a week by the corporation, through a contractor, covered galvanised iron dustbins being generally in use. In some places, however, old baths, boxes, etc., are used as dust receptacles. Open carts are used for the collection. The refuse is tipped outside the district and used on a farm.

*Northfleet.*—Sanitary dustbins have been provided (where found necessary), by an order of the council, and a strict watch is kept, as the collection of house-refuse is greatly facilitated by the use of proper dustbins. There are about fifty dry ashpits in the borough.

The council contracts for the removal of house-refuse by men employed by the council under the supervision of the inspector of nuisances, and all refuse is removed practically every ten days. By means of cards householders are urged to burn all vegetable refuse, but, in the summer time particularly, there is some little difficulty in getting this carried out properly, as so many people now use gas stoves for cooking purposes.

All the refuse is carted to tips, which are situated about 440 yards from any houses.

A bye-law for the regulation of the carting of manure in the district, and also for regulating the importation of house-refuse from outside the district, is now in force.

*Penge.*—The house-refuse is contained in movable galvanised iron dust-bins with proper covers, and is collected throughout the district from each house once in every week, except during the months of June, July and August, when there is a bi-weekly collection. There are practically no ashpits in the borough. The refuse is loaded into trucks at Penge Station by the dustmen and is removed by rail by a contractor, who disposes of it.

*Queenborough.*—This is carried out by contract, and collection is made three times a week from the backs of houses. The council insists on the provision for every house of a movable galvanised iron covered bin, and these bins are now in general use to the extent of over three hundred. In addition, there are about one hundred and fifty tubs, boxes, etc.

Sixty-seven per cent. of the refuse is disposed of to farmers, and twenty-three per cent. is used for filling up low-lying ground on the marshes.

*Ramsgate.*—The whole town is provided with movable receptacles of various kinds. Refuse is collected daily in all parts, and is consumed in a four-celled destructor, situated in the outskirts of the town. About eight thousand tons of refuse is dealt with in this way annually. The system of collecting has been in vogue for many years and is highly satisfactory, the cleanliness of the streets being a frequent subject for comment by visitors.

Fish-offal is collected by a contractor from the market and the various fishmongers' shops daily. Considerable nuisance was previously caused by removal in the daytime, and arrangements are now in operation whereby the offal is removed shortly after midnight. Duplicate sets of bins are used, and the contractor has undertaken to cleanse the bins before returning them to the owner.

*Rochester.*—Although there is a number of covered galvanised iron dust-bins in the borough, the receptacles used consist largely of old buckets, baths, boxes, hampers and other entirely unsuitable articles. There is no



sufficient reason why every house should not have a proper covered sanitary dust-bin and there can be no question that this is a reform very greatly to be desired.

The refuse is collected at sufficiently frequent intervals and deposited in a heap on the north side of the river, at some distance from the nearest houses. The heap formerly used on the south side, and which was undoubtedly offensive and dangerous to health, has now been abandoned.

*Sandgate.*—The removal of refuse is carried out twice weekly in the case of ordinary premises and three times weekly in the case of schools, hotels, barracks, etc.; the refuse being carted to a tip outside the district and burned. During 1915 the council decided that the work which was previously deputed to a contractor, should be undertaken by direct labour and this has been a great improvement. There are no ash-pits in the district, but there is still a large number of houses not provided with proper sanitary dust-bins. The inspector of nuisances is giving this his urgent attention and his efforts should be supported by the council to the fullest degree.

*Sandwich.*—Removal of house-refuse is undertaken by the council, each house in the borough being visited for this purpose at least twice a week. Various receptacles are used by the householders for the storage of the refuse, no special type being insisted upon. The majority are uncovered pails, boxes or tubs (about six hundred and fifty), in addition to over one hundred proper covered galvanized iron bins and about fifty covered boxes. The refuse is collected into a properly constructed covered cart and taken to a depôt on the Ash Road, all tins, bottles, etc., being sorted out. The night-soil is emptied on to the refuse, and the whole disposed of as manure to farmers in the neighbourhood.

*Sevenoaks.*—Refuse removal is carried out weekly by the council's own men, under the supervision of the inspector of nuisances. There are only about fifty dry ashpits in the district, and covered galvanised iron dust-bins are generally in use. The rubbish is deposited on land in the Otford Road, on the border of the district. Owing to the large number of soldiers billeted in the town, it was found necessary, during the latter part of 1914, to employ additional carts and increase the number of collections from the houses where the troops were billeted from one to three collections weekly. Two horses were purchased in 1915 in place of hired horses.

The attention of the Health Committee was directed during 1914 to a large heap of London refuse deposited on a farm at Greatness, in the rural district, but closely adjacent to the urban district, and some concern was shown as to whether it did not provide a suitable breeding ground for flies. Dr. Tew inspected the place, but considered that it was situated at a sufficient



distance from any houses to prevent it being regarded as a nuisance, or injurious to the health of occupiers of houses in the district.

*Sheerness.*—Proper sanitary dustbins are insisted upon, there being over 2,500 in use in the district, in addition to a number of other types of movable receptacles. Collection is made by the council's own men (horses and drivers being hired) twice weekly, and the refuse is burnt in a destructor.

The destructor is now too small to deal with the house-refuse consequent upon the increase of population. The council have a scheme in hand for making further provision in this respect combined with special means of dealing with trade refuse (as fish and meat refuse) of an objectionable kind. The scheme will greatly mitigate the fly nuisance which has existed in the neighbourhood of the destructor. An application has been made to the treasury for a loan for reconstruction and extension of the existing appliances, and it is hoped that the matter being one of urgency, will proceed without delay. The surplus refuse has been the cause of a serious nuisance arising on the war department tip at the end of Hope Street.

*Sittingbourne.*—Movable receptacles are used, and the contents collected daily by the council from the backs of houses. There are about 150 properly covered galvanised iron bins, and about 1,900 iron pails, tubs and wooden boxes. The collection is carried on with the minimum of nuisance in the early morning, and during 1915 additional horse hire and labour has been obtained. The council now insist upon properly constructed sanitary bins being provided for every house in the district, and upon covered carts only for its removal. Collections of house-refuse in backyards are breeding grounds for flies, now recognised as "carriers" of many infectious diseases. When considering the extra expense of more efficient house-refuse collection and disposal, the council should not lose sight of the great expense incurred by the isolation of Keycol Hill of cases of infectious disease, which might be prevented by better sanitary organization in this matter.

The bulk of the refuse is tipped into pits (the right to sort the refuse is let by contract) and covered with earth. This covering with earth is very necessary in order to prevent these tips becoming breeding grounds for flies.

*Southborough.*—The work of replacing the old brick ashpits with sanitary dustbins is proceeding steadily, and there are now only about thirty old ashpits left in the town, or less than four per cent. of the total receptacles. The refuse is collected weekly, and is deposited on the tip of the Tunbridge Wells Council at High Brooms, well away from any houses. The suggestion that Southborough and Tunbridge Wells should combine and have a joint

refuse destructor has found no support up to the present. The work of scavenging is carried out by the council's own men for the whole area, and there are now three carts employed in the work of collection—two of them being engaged in the work the whole of the week, and the third only half of the week.

*Tenterden.*—There are about sixty dry ashpits in the borough, representing fifteen per cent. of the receptacles. No special type of receptacle is insisted upon for new houses. The refuse is collected weekly by the council's own men in open carts. It is deposited in an isolated position, a considerable distance from houses, where the lighter portions are burned and the remainder is used to fill up holes.

*Tonbridge.*—The work of providing sanitary dustbins to supersede the unhealthy shallow pits in use is going on steadily. There has been a large number of such conversions in the last four or five years, but about twenty per cent. of the total receptacles are still dry ashpits. The refuse is collected as nearly as possible every eight days, and deposited on the sewage farm, about four hundred yards from the nearest house, where part of it is burned.

*Tunbridge Wells.*—There are about a thousand dry ashpits in the borough, or about fourteen per cent. of the total ash receptacles. In the last ten years, between five hundred and six hundred ashpits have been re-placed by covered galvanised iron receptacles. Refuse, both domestic and trade, is collected and removed in covered carts, once in five days usually, but owing to depletion of the staff, on account of the war, bins are now emptied only once a week in some districts. From all premises where more frequent removal is necessary, trade-refuse is collected daily. Whilst the troops have been living in considerable numbers in large empty houses, the refuse has been removed from these houses daily.

The refuse is conveyed to three refuse tips situated at the High Brooms Brick Works Pit, the Forest Brick Works, the Brick Works, Hawkenbury, and near the Rusthall Allotments. Small quantities of the refuse are occasionally taken to North Sewage Farm and the cemetery.

The medical officer of health observes that in a health resort like Tunbridge Wells, it is to be hoped that in the near future arrangements will be made to establish a refuse destructor. The initial cost of doing so has proved a deterrent in many places, but as regards the working, the annual cost can be relatively economised by making use of the heat generated: for instance, in running a central disinfecter, for which there is also a considerable need in the town. A small cleansing station with one or two baths could be readily established on the same premises with such a destructor and the heating for



the whole could be obtained from the refuse destructor. Such a scheme would prove to be an important step in advance in promoting the sanitation, cleanliness and health of the borough.

*Walmer.*—The refuse is moved from every house in the district twice in each week throughout the whole year. The work is done by a contractor, acting under the supervision and direction of the surveyor. Properly constructed and covered sanitary carts, provided by the council, are used for this work, and the collection each day is finished by mid-day.

The refuse is carted outside our district on to agricultural land in the occupation of the contractor, who is a market gardener. Here, within an enclosure, bounded by small mesh wire frames, the material is sorted. The paper and similar rubbish is burned, the ashes sold to brickmakers, and anything suitable is used as manure.

There are about sixty dry ashpits in the borough, *i.e.*, about six per cent. of the total receptacles.

*Whitstable.*—Refuse is collected, by contract, twice weekly throughout the district from various utensils from old boxes to disused baths, which are placed on the pavement outside the houses. About seventeen hundred of these various unsuitable receptacles are in use, and about three hundred proper galvanised iron bins. In many cases the receptacles have to be carried through the house to be placed on the pavement, where they then become the happy hunting ground of stray dogs, and the contents littered about offend the eye and act as a possible centre of infective disease by attracting flies, which contaminate the food supply. No special type of receptacle is insisted upon for new houses, and a great improvement would be effected if the use of properly covered sanitary dustbins could be enforced.

The refuse is taken out of the district and placed on farm land or the tip at Swalecliff, which was fenced off by the contractor during the year.

*Wrotham.*—No proper system of collection and disposal of house-refuse exists in this district. The refuse is disposed of by either the tenants (mainly on the garden) or the landlords. There are about forty dry ashpits in the district, representing about twenty per cent. of the total receptacles for refuse.

#### RURAL DISTRICTS.

*Ashford, East.*—In the five larger parishes a weekly collection of house-refuse is made. During 1915 increased facilities were provided in the parishes of Kennington, Boughton Aluph and Eastwell, owing to the presence of troops therein. In the remaining parishes, the householders dispose of their own refuse, either by burning or spreading it on the gardens.



*Ashford, West.*—There is as yet no system of public scavenging or collection of house-refuse in vogue in the district, the tenants disposing of their own refuse, either by burning or spreading it on the gardens.

*Blean.*—Collection of domestic refuse is carried out twice a week in the more thickly populated portions of Sturry, Westbere, Herne and Reculver, and in the portion of St. Stephen's parish known as "Forty Acres." The refuse is collected before 9 a.m. and carted to depôts, where it is sorted, and the residue applied to the land. In the remaining parishes, the householders dispose of their own refuse, either by burning or spreading it on the gardens.

*Bridge.*—Scavengers are appointed for the removal of house-refuse in the parishes of Barham, Bridge, Chartham, Ickham, Fordwich, part of Harbledown, Littlebourne and part of Petham. Removal takes place as often as required. In the remaining parishes, the householders dispose of their own refuse, either by burning or spreading it on the gardens.

*Bromley.*—The removal of refuse is undertaken by the council once each week in the parishes of Orpington, St. Mary Cray, St. Paul's Cray and Mottingham, and fortnightly in the parish of North Cray. With the exception of Orpington, the work has been carried out in a satisfactory manner by the contractors. The use of the receptacle erroneously called the "sanitary dust bin" is greatly abused by some householders, and much of the objectionable smell from the bins, especially noticeable in the summer months, would be avoided if the bins were used only for the purpose intended, viz., dust, ashes, and other dry house-refuse. One hundred and thirty-six houses were supplied with proper movable dustbins during the year in district No. 1.

*Cranbrook.*—In the parish of Cranbrook the house-refuse is removed for the council, by contract, as often as necessary, and deposited on a tip. In the rest of the district the tenants dispose of their own waste material either by burning or by spreading it on their gardens.

*Dartford.*—Public schemes for the removal of house-refuse are in operation in Stone, Swanscombe, Crayford, Darenth, Eynsford, Farningham, Horton Kirby, Sutton-at-Hone and Wilmington. In Stone and Swanscombe there is a bi-weekly collection, and in the other parishes named, except Crayford, a weekly collection. In Crayford, the round takes from ten days to a fortnight, where, as I understand, it could easily be done bi-weekly if certain innovations were adopted. Owing to the rapid growth of this village, a more frequent removal of house-refuse would be a distinct advantage. All the other villages in the rural district dispose of their own refuse in their own way. Owing to the war the contract for Darenth, Eynsford, Farningham,

Horton Kirby, Sutton-at-Hone and Wilmington, could not be renewed, and consequently the council have bought horses and employ their own men. A new bye-law has been adopted by the council compelling householders to provide proper receptacles for house-refuse, and to place the same at set times "in such a position on the premises as for the purpose of removing the contents of the receptacle, will be most conveniently accessible from the nearest street used as a means of access to the premises for the removal of house-refuse otherwise than through any dwelling-house." This bye-law is stated to be working well, as instead of the ashes taking about three weeks to be cleared, as formerly, the districts are now gone over weekly or bi-weekly as above mentioned.

There are numerous tips throughout the district on which to dispose of the refuse collected.

*Dover.*—Scavengers are appointed by the respective parish councils for the removal of house-refuse and the contents of pail-closets in the following parishes :—St. Margaret's-at-Cliffe, Ringwould (Kingsdown area), Temple Ewell and Sibertswold. In the remaining parishes, the residents dispose of their own refuse, either by burning or spreading it on the gardens.

*Eastry.*—In the parishes of Ash, Wingham, Eastry and Woodnesborough, house-refuse is collected, when necessary, by public scavengers, except in the outlying parts. In the other parishes in the area the residents dispose of waste material on their gardens or by burning it.

*Elham.*—At Saltwood and Elham a weekly collection of house-refuse is made. Lyminge is also greatly in need of proper arrangements for dealing with this matter. In the remaining parishes, the householders dispose of their own refuse, either by burning or spreading it on the gardens.

*Faversham.*—In the parishes of Teynham, Linsted and North Preston Without, house-refuse is removed by contract and deposited on tips. In the remaining portion of the district the tenants dispose of their own refuse chiefly by burning it or spreading it over the gardens.

*Hollingbourn.*—There is no public system of removal of house-refuse in any part of this district. The tenants dispose of their own waste material either by burning or by spreading it over the gardens. The want of a system of removal in the larger villages has led to nuisance.

*Hoo.*—The removal of house-refuse is undertaken by the council in the parishes of Hoo, Allhallows and Stoke. The material collected is disposed of on tips. In the rest of the district the tenants dispose of their own refuse either by burning it or spreading it on their gardens.



*Maidstone*.—There is no public system of removal of house-refuse in any part of this district. The tenants dispose of their own waste material either by burning or by spreading it over the gardens. The necessity for public systems of removal in the villages is stated not to be acute as in most places the garden ground is ample for disposal.

*Malling*.—West Malling and Snodland.—Dry scavenging is carried out by private contract, the cart doing the round once in fourteen days during the winter, and once in seven days during the summer months (May—September).

East Malling and Ditton—Scavenging by cart is adopted, and is undertaken by fortnightly round, winter and summer. If possible a weekly round should be undertaken during future summers, at any rate in the more populous localities.

Wouldham.—Here the combined system of scavenging continues satisfactorily.

*Milton*.—A regular system of scavenging of house-refuse is carried out in Murston parish by the owners (a large brick and cement making firm), and works very well; and also at Rainham for the district council by contract. Better receptacles are required for the storage of this refuse at the houses.

There is no regular scavenging in other parts of the district, though generally very little nuisance exists from this cause, particularly in the more rural parishes, where it is customary for the tenant to dig his refuse into his garden.

*Romney Marsh*.—In Dymchurch the house-refuse is removed by the council and deposited on a tip. In the rest of the district, the tenants dispose of their own waste material either by burning it or by spreading it on their gardens.

*Sevenoaks*.—Collection of house-refuse is made weekly in the villages of Shoreham, Westerham, Seal, Brasted, Sundridge, Riverhead and Dunton Green. The work is carried out by contract under the supervision of the inspector of nuisances. The refuse is disposed of on tips, and from Seal it is taken to a disused quarry. The whole of the houses are now provided with movable bins.

In other parts of the district refuse is disposed of by the tenants on their own ground.

*Sheppey*.—In Minster the house-refuse is removed periodically by contract. In Halfway Houses, however, there are many premises in the yards of



which a considerable quantity of rubbish has been allowed to collect. This, no doubt, is due in some part to the presence of the soldiers billeted in the houses. When these soldiers are transferred to huts, there will be no excuse for this accumulation. A closer supervision should be made over the scavenger, and a more frequent removal of refuse be undertaken. In Eastchurch the refuse is removed regularly by contract, whilst in Leysdown, Harty and Warden there is no public scavenging. In all the parishes there is a deficiency of properly covered-in ashbins.

*Strood*.—In Denton Parish the property owners contract for the removal of house-refuse, but the prevailing custom is to store it in a heap, and afterwards use it on the land.

*Tenterden*.—All the houses have gardens and the inhabitants are able to dispose of their house refuse satisfactorily on their own ground.

*Thanet*.—Weekly collections of house-refuse are carried out at Birchington and Westgate-on-Sea, while at Minster monthly collections are made. The work is done by contractors employed by the respective parish councils, to whom the necessary powers have been delegated by the district council. No collection is made in the remaining portion of the district. In the remaining parishes, the householders dispose of their own refuse, either by burning or spreading it on the gardens.

*Tonbridge*.—In addition to arrangements in force for collection of refuse in the villages of Langton, Speldhurst, Paddock Wood, Brenchley, Hadlow and Pembury, a system was adopted during 1914 for the more thickly populated parts of the village of Horsmonden, the refuse being collected fortnightly by the council's own men.

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## THE WAR.

In common with the Public Health Departments of the other counties, that of Kent has been depleted considerably through members of my staff having volunteered for military services.

Of the medical staff of this Department, the Bacteriologist, the Assistant School Medical Officer and three whole-time School Medical Inspectors have left in this way. The two former officials have not been replaced, but to carry out school medical inspection work three temporary whole-time officers—including one lady—have been appointed.

Also one of the five Tuberculosis Officers has left similarly, and during his absence his work is being carried out willingly by the remaining four officers.

The School Dentist has left for foreign service, and he has been replaced by a temporary school dentist, whilst the County Sanitary Inspector, who has also enlisted, has not been replaced.

Of the clerical staff of the Public Health Department, consisting in peace time of thirteen whole-time clerks, eleven have left for military duty. Eleven lady clerks have been appointed temporarily, and also one male clerk who has served in the army and has been discharged after being wounded.

There are only four males left on the permanent clerical and laboratory staff, who are indispensable for the continuance of the work, and who therefore have been granted certificates to that effect by the County Council. The two former have been exempted from military service by the Tribunal, and the two latter have been "badged" by the Ministry of Munitions.

These four officials named Messrs. Meakin, Wilson, Arnold and Brooker, have again shown great willingness and energy in carrying out a large amount of additional work in consequence of the depletion of the remaining portion of the permanent staff, and they have been of great assistance in training the temporary staff. I wish to acknowledge their valuable help in enabling the work of the department to be continued satisfactorily.

During March—1916 the Second Army Central Force, whose Sanitary

remainder have all co-operated most willingly with the military authorities, in public health work. For the most part, the health of the troops stationed in Kent has been very good indeed.

The need for economy has been impressed upon everyone. The attention of local authorities has been drawn to the fact that economies and restrictions on borrowing are possible not only as regards new works, but also as regards works in progress. The Local Government Board has recommended that the inception of new works, except such as are of pressing necessity, either for reasons of public health or on account of war requirements, should be avoided. As facilities have been given to employees for joining the army or finding employment in those occupations which are of paramount importance during the present war, and as substitutes have been needed in consequence, great care has been taken to engage either women or only men not eligible for the army, in the Public Health Department of this county. The Local Government Board has also suggested that whilst not unduly relaxing the standard of public health administration in their area, local authorities should, as far as possible, refrain from requiring the execution of work, the cost of which has to be borne by private individuals, unless the work is urgently necessary for the removal of nuisances or for the protection of health.

Full particulars concerning the billeting of troops, etc., in the county are contained in Part II. of this report under the heading of each separate district.

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Gravesend (Borough)	...	...	179	7	2	...	12	12	5	5	...	...	3	3	12	12	46	3	7	...	...	...	...	...	...	...	...
Herne Bay ...	...	28	102	7	...	...	5	4	...	...	1	1	1	1	4	4	...	..	...	...	...	...	...	2	2	...	...
Hythe (Borough)	...	6	22	7	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lydd (Borough)	...	Info	rma	tion	not	avail	able																				...
Maidstone (Borough)	...	100	6	250	18	30	8	4	4	2	2	..	5	5	5	5	76	...	...	...	...	...	...	...	...	...	5
Margate (Borough) ...	...	64	2	295	26	12	...	7	7	2	2	1	3	3	16	16	43	8	...	...	...	...	...	5	5	...	15
Milton Regis	...	16	1	8	...	4	...	1	1	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
New Romney (Borough)	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Northfleet ...	...	10	...	58	...	10	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	..
Penge ...	...	14	1	133	46	155	17	45	45	...	...	...	2	2	2	2	47	1	9	...	...	...	...	...	...	...	2
Queenborough (Borough)	...	40	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ramsgate (Borough)	...	10	...	44	...	29	...	11	11	1	1	...	...	...	15	15	84	4	21	...	...	...	...	9	9	...	7
Rochester (City)	...	...	...	394	...	...	...	11	11	1	1	...	11	9	13	13	116	...	...	...	...	...	...	...	...	...	...
Sandgate ...	...	14	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Sandwich (Borough)	...	...	...	8	...	2	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sevenoaks ...	...	31	2	135	21	17	3	6	6	1	1	1	5	5	13	13	19	...	12	...	...	...	...	...	...	...	...
Sheerness ...	...	27	...	175	7	38	...	11	11	...	...	...	3	3	...	...	53	...	10	...	...	...	...	...	...	...	...
Sittingbourne	...	10	1	49	...	2	...	3	3	...	...	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Southborough	...	...	...	111	...	...	...	4	4	4	4	...	...	...	6	6	...	...	...	...	...	...	...	...	...	...	...
Tenterden (Borough)	...	6	...	24	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tonbridge ...	...	37	2	121	3	...	...	8	8	...	...	...	6	6	4	4	3	...	...	...	...	...	...	1	1	...	...
Tunbridge Wells (Borough)	...	14	...	172	2	215	...	13	13	...	...	...	5	5	1	1	95	1	14	...	...	...	...	...	...	...	10
Walmer	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whitstable ...	...	20	2	120	2	2	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wrotham ...	...	4	...	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Urban	...	854	45	4085	288	821	31	306	306	18	18	5	5	112	106	127	127	2827	37	129	31	31	15	15	41	41	60

\*The figures given in these columns are in excess of the actual numbers of outworkers, the majority of the persons so employed having been notified twice in the year

TABLE 21.—Details of work done under the Factory and Workshop Act, in Rural Districts, during the year 1915.

DISTRICT.	Inspections and Notices.				Defects discovered.								Outworkers.				Bakehouses.											
	Factories.		Work-shops.		Work-places.		Want of cleanliness.		Want of Ventilation.		Over-crowding.		Defective or insufficient sanitary accommodation.		Others.		Wearing apparel.		Notices served as to keeping or sending in lists.		Unwholesome Premises.		Infected Premises.		Breach of sanitary requirements.		Underground.	
	Inspections.		Notices.		Inspections.		Notices.		Found.		Remedied.		Found.		Remedied.		Found.		Remedied.		Instances.		Orders.		Found.			Remedied.
Ashford, East	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ashford, West	20	...	71	...	6	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blean	9	...	20	4	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bridge	3	...	45	4	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bromley	27	...	212	38	3	...	28	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cranbrook	11	...	101	...	...	...	7	...	3	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dartford	40	7	86	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dover	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eastry	...	...	124	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Elham	10	...	48	...	5	4	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Faversham	2	...	145	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hollingbourn	21	...	162	17	84	7	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoo	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Maidstone	18	3	98	5	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malling	35	1	207	8	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Milton	13	...	27	...	9	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Romney Marsh	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sevenoaks	6	...	72	62	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sheppey	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Strood	28	...	114	8	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tenterden	4	...	27	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Thanet	4	...	138	2	10	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tonbridge	...	...	99	3	23	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total in Rural Districts	259	11	1755	158	141	11	96	5	5	27	1	1	27	19	19	9	...	...	...	...	...	...	...	...	...	...	...	...
Total in Urban Districts	854	45	4085	288	821	31	306	18	18	106	5	5	112	127	127	2827	37	129	31	31	15	15	41	41	10	10	12	...
Total for County	1113	56	5840	446	962	42	402	23	23	133	6	6	139	146	146	2836	37	129	31	31	15	15	51	51	51	51	72	...



## PART II.

### DISTRICTS SEPARATELY CONSIDERED.

#### EXPLANATORY.

**Estimated Population 1915** represents the civil population as estimated by the Registrar General (see page 14).

**Acreage** is the census figure inclusive of inland water.

**Number of Inhabited Houses** at the census of 1911 includes ordinary dwelling-houses only, and not shops, hotels, institutions, &c. The number of inhabited houses at the census of 1901 includes *all* inhabited buildings.

#### Mortality Rates.

*The Death Rate* is the rate corrected by deducting the deaths of non-residents dying within the district, and by adding the known deaths of residents dying outside the area. Deaths of members of H.M. Forces are excluded from the calculations (see page 21).

*The Zymotic Rate* is the total death-rate of persons dying from the seven principal zymotic diseases, viz., small-pox, scarlet fever, diphtheria, enteric and continued fevers, measles, whooping cough, and diarrhœa (including enteritis).

*The Phthisis Rate* is based on the number of deaths from phthisis, or pulmonary tuberculosis, but it does not include deaths from other tuberculous lesions.

**The Incidence of Attack** of infectious diseases is the rate of attack per 1,000 of the estimated civil population.

**Adoptive Acts.** The chief adoptive Acts are :—

The Infectious Disease (Prevention) Act, 1890.

The Public Health Acts Amendment Act, 1890.

The Public Health Acts Amendment Act, 1907.

The information given has been obtained by direct enquiry.

**Bye-laws and Regulations.** The various bye-laws and regulations in force in the different districts have been ascertained by direct enquiry and are set out in tabulated form on pages 162c and 162d.

**General.** The information contained in this section of the report has been obtained by direct enquiry.



URBAN SANITARY DISTRICTS.

ASHFORD.

Medical Officer of Health, A. M. WATTS, M.D., D.P.H.

(Temporary Acting, C. M. VERNON, M.R.C.S., D.P.H.)

Area in Acres, 2,850.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	12,808	...	13,668	...	14,200	
Inhabited Houses		2,794	...	2,820	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population. Scarlet Fever. Diphtheria. Enteric Fever.
1915—	19·2	15·0	0·29	0·71		105	3·10 2·05 —
1914—	20·7	10·5	0·79	0·58		45	5·66 7·60 0·29
Average of five years, 1909–1913—							
	19·18	11·12	0·88	0·88		85	1·11 1·49 0·79

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907 (Sections 30 and 33).

INFECTIOUS DISEASES.—Cases notified : Scarlet fever forty-four, diphtheria twenty-nine, erysipelas five, cerebro-spinal meningitis three, ophthalmia five, phthisis six. All the scarlet fever, diphtheria and cerebro-spinal meningitis patients were treated in the isolation hospital. Diphtheria showed only one quarter the incidence of the previous year, and there was also a marked diminution in the prevalence of scarlet fever.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—A part-time nurse is engaged in the continued visiting of babies up to the age of twelve months, and in the poorer districts of the town all young children under school age are visited.

BILLETING OF TROOPS, &c.—From four thousand to five thousand troops were billeted in the district during the greater part of 1915.

## BECKENHAM.

Medical Officer of Health, J. M. CLEMENTS, M.D., D.P.H.

(Temporary Acting, G. C. WALKER, M.D., D.P.H.)

Area in Acres, 3,890.

	Census 1901.		Census 1911.		Estimated 1915.
Population ...	26,288	...	31,692	...	31,569
Inhabited Houses	4,701	...	5,587	...	—

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—16·3	10·3	0·54	0·45		68	1·43	1·11	0·13
1914—17·7	9·6	0·60	0·68		48	2·92	2·92	0·09

Average of five years, 1909–1913—

17·92	8·98	0·57	0·58		78	2·23	2·01	0·22
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Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.

**INFECTIOUS DISEASES.**—Cases notified : Scarlet fever fifty-five, diphtheria thirty-five, enteric fever four, erysipelas fourteen, puerperal fever one, cerebro-spinal meningitis one, ophthalmia one, phthisis thirty-one, non-pulmonary tuberculosis thirteen. The incidence of scarlet fever and diphtheria was only a little higher than one-half and one-third respectively that of the previous year. The majority of the cases of these two diseases were treated in the isolation hospital.

**WATER SUPPLY AND DRAINAGE.**—No developments took place during the year.

**SCAVENGING.**—The collection of refuse from hospitals and hostels is now undertaken thrice weekly.

**INFANT WELFARE.**—Advice is given to mothers of young children, through the medium of the health visitor. A baby clinic is held every Thursday, when mothers receive further instruction in the care of their babies.

**BILLETING OF TROOPS, &c.**—This has been carried out without asking co-operation of the civil authorities of the district.

BEXLEY.

Medical Officer of Health, O. SUNDERLAND, M.R.C.S., L.R.C.P.

Area in Acres, 4,942.

		Census 1901.			Census 1911.		Estimated 1915.	
Population		...	14,579†	...	15,895	...	18,660	
Inhabited Houses			2,919†	...	3,083	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.	
							Scarlet Fever.	Diphtheria. Enteric Fever.
1915—		21·6	14·9	0·76	0·92	111	5·74	0·59 —
1914—		21·5	9·8	0·65	0·82	81	7·90	0·92 0·06
Average of five years, 1909–1913—								
		23·16	10·49	0·96	0·59	88	3·05	1·15 0·04

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.\*

INFECTIOUS DISEASES.—Cases notified: Scarlet fever 107, diphtheria eleven, erysipelas eighteen, puerperal fever one, cerebro-spinal meningitis one, ophthalmia two, phthisis thirty, non-pulmonary tuberculosis four. The incidence of scarlet fever was lower than that of the previous year, and the great majority of the cases were removed to the isolation hospital.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments have taken place during the year.

INFANT WELFARE.—The council's part-time health visitor paid an aggregate of 262 visits to the 351 births notified during the year. Action was taken by the council with regard to failure to notify births under the Act, and there was considerable improvement in this respect towards the end of the year.

† These figures include Lamorbey Ward, now transferred to Footscray.

\* Except sections 50, 61, 66, 78, 79, 80, 81, 82, 83, 84, 85, 86, 92, 93, and 94. Certain of the adopted sections are subject to the provisions of the Order of the Local Government Board, dated April 6th, 1909.



BROADSTAIRS AND ST. PETERS.

Medical Officer of Health, M. K. ROBINSON, M.D.

† Area in Acres, 2,770.

		Census 1901		Census 1911.		Estimated 1915.	
† Population	...	7,107	...	9,921	...	9,423	
† Inhabited Houses		1,470	...	1,863	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population. Scarlet. Diphtheria. Enteric Fever.
1915—	10·8	11·4	0·32	0·85	34	1·81	0·96 0·11
1914—	13·3	9·0	0·55	0·55	82	3·80	2·18 —
Average of five years, 1909–1913—							
		13·68	9·92	0·31	0·66	49	2·89 1·74 0·42

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.\*

INFECTIOUS DISEASES.—Cases notified : Scarlet fever seventeen, diphtheria nine, enteric fever one, erysipelas six, cerebro-spinal meningitis one, poliomyelitis one, phthisis eighteen, non-pulmonary tuberculosis seven. Five diphtheria and twelve scarlet fever patients were treated in the isolation hospital. The prevalence of these two diseases was considerably lower than half what it was in 1914.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—There is no health visitor in this district.

BILLETING OF TROOPS, &c.—Every assistance possible has been given to the military authorities in this connection. The inspector of nuisances has made regular inspections of the billets, as to their sanitary condition, and infectious diseases notifications have been communicated to the military in all cases where they might possibly have been involved. The council installed baths at the town dépôt for the use of the troops, where hot baths may be obtained at the nominal charge of two-pence per man and this has been greatly appreciated. The machine at the disinfecting station was much used both in connection with the troops and with wounded and sick received at the V.A.D. Hospital.

\*Parts II., III., IV., V. and X. (with the exception of sections 15, 16, 18, 27, 32, 34, 43, 44, 45, 46, 47, 52, 54 and 94).  
† Census figures corrected for extension of boundary by inclusion of portion of Isle of Thanet.

**BROMLEY.**

Medical Officer of Health, ARTHUR F. G. CODD, M.B., F.R.C.S

Temporary Acting (July to December), J. MATHEWSON, M.B., B.CH.

Area in Acres, 4,696.

		Census 1901.		Census 1911.		Estimated 1915.		
Population	...	27,397	...	33,646	...	32,768		
Inhabited Houses		5,127	...	6,156	...	—		
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.	
							Scarlet Fever.	Enteric Fever.
1915—	17·3	11·6	0·65	0·74		52	3·30	3·61
1914—	17·8	10·3	0·39	0·78		62	2·09	1·51
Average of five years, 1909–1913—								
	19·36	9·36	0·63	0·58		71	2·66	1·33
Adopted Acts		{ Infectious Disease (Prevention) Act, 1890. Public Health Acts Amendment Act, 1890. Public Health Acts Amendment Act, 1907.						

**INFECTIOUS DISEASES.**—Cases notified: Scarlet fever 118, diphtheria 108, enteric fever three, erysipelas twenty, puerperal fever four, cerebro-spinal meningitis two, ophthalmia six, phthisis forty-four, non-pulmonary tuberculosis twenty-five. Nearly all the scarlet fever and diphtheria patients were treated in the isolation hospital. Diphtheria doubled its incidence compared with the previous year, whilst scarlet fever was also considerably more prevalent. A prominent feature of the diphtheria incidence was the record number of mild and “carrier” cases, with a record low case mortality of about three per cent. of the cases notified.

**WATER SUPPLY, DRAINAGE AND SCAVENGING.**—No developments took place during the year.

**INFANT WELFARE.**—The whole-time health visitor pays repeated visits, as required, to mothers of young children. The local Health Society co-operate in looking after the welfare of infants and have established a crèche and weighing centre, which are regularly attended by the council’s health visitor who gives lectures and advice and assists the matron of the crèche and the voluntary lady workers. A part-time health visitor is also employed by this society.

**BILLETING OF TROOPS, &c.**—A system of billet inspections was carried out in the first half of the year, when troops were billeted in the houses. The clothing of wounded soldiers was disinfected in the council’s steam apparatus by the sanitary staff of the district council.

CHATHAM,

Medical Officer of Health, J. HOLROYDE, F.R.C.S.E., D.P.H.

Area in Acres, 4,356.

		Census 1901.		Census 1911.		Estimated 1915.		
Population		...	37,057	...	42,250	...	39,248	
Inhabited Houses			7,243	...	8,031	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.	
							Scarlet Fever.	Enteric Fever.
1915—		21·5	18·9	1·66	1·71	122	3·31	0·11
1914—		25·0	13·9	1·91	1·32	98	2·43	0·19
Average of five years, 1909–1913—								
		25·11	13·1	2·06	1·52	110	2·68	0·39

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.

INFECTIOUS DISEASES.—Cases notified: Scarlet fever 130, diphtheria ninety-eight, erysipelas twenty-seven, cerebro-spinal meningitis twelve, enteric fever four, puerperal fever one, ophthalmia nine, phthisis seventy-one, non-pulmonary tuberculosis nine. The majority of the cases of scarlet fever and diphtheria were treated in the isolation hospital. The incidence of diphtheria was only half that of the previous year, and scarlet fever also shewed a reduction.

Comprehensive measures were taken to deal with the outbreak of cerebro-spinal meningitis, and in addition to the twelve civil cases (eleven of whom died), forty-eight cases occurred among soldiers and sailors, thirty-three proving fatal.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The two health visitors continue the visitation of children from birth up to twelve months of age, and it is now proposed, in certain cases, to extend the visits up to the time the children attend school.

BILLETING OF TROOPS, &c.—No billets were occupied before being sanctioned by the medical officer of health, except during the winter months when Dr. Holroyde was not consulted in this matter.



CHERITON.

Medical Officer of Health, M. K. ROBINSON, M.D.

Area in Acres, 1,159.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	7,091	...	7,577	...	4,913	
Inhabited Houses		614	...	763	...	—	
	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate,	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population. Scarlet. Enteric Fever. Diphtheria. Fever.	
1915—	18·4	19·8	3·67	1·02	164	7·13	4·69 —
1914—	26·4	10·8	0·63	1·00	76	7·61	3·50 —
Average of five years, 1909–1913—							
	26·6	8·98	1·38	0·73	91	1·66	0·20 —

Adopted Acts { Infectious Diseases (Prevention) Act, 1890.  
Public Health Act Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.\*

INFECTIOUS DISEASES.—Cases notified : Scarlet fever thirty-five, diphtheria twenty-three, erysipelas two, puerperal fever one, cerebro-spinal meningitis one, ophthalmia one, phthisis five, non-pulmonary tuberculosis one. The majority of the scarlet fever cases were removed to hospital, but the diphtheria patients were treated in their own homes. Scarlet fever was considerably less prevalent than in 1914.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—No troops were billeted in private houses in the district. There was ample accommodation in camps, and a large increase in the number of huts took place.

\* Parts II., III., IV. (with the exception of section 67), and V.

CHISLEHURST.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 2,791.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	7,429	...	8,666	...	8,341	
Inhabited Houses		1,403	...	1,576	...	—	
Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
					Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—18·4	10·5	0·96	0·48	108	2·40	1·68	0·24
1914—19·4	9·0	0·22	0·55	17	1·87	1·32	—
Average of five years, 1909–1913—							
19·6	8·82	0·33	0·52	64	3·21	0·83	0·15
Adopted Acts		{ Infectious Disease (Prevention) Act, 1890. Public Health Acts Amendment Act, 1890. Public Health Acts Amendment Act, 1907.*					

INFECTIOUS DISEASES.—Cases notified: Scarlet fever twenty, diphtheria fourteen, erysipelas ten, enteric fever two, phthisis fifteen, non-pulmonary tuberculosis three. All the cases of diphtheria and the majority of the scarlet fever patients were treated in the isolation hospital.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—There is no health visitor in this district.

\*Parts II., III., IV., V., VII. (Part of Section 81), VIII. and IX.

DARTFORD.

Medical Officer of Health, J. HAMILTON, L.R.C.P., D.P.H.

(Temporary Acting, T. Farthing, M.B., C.M.)

Area in Acres, 4,242.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	18,644	...	23,609	...	22,337	
Inhabited Houses		3,044	...	3,717	...	—	
Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
					Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—18·4	12·0	1·30	0·86	88	8·36	1·39	0·41
1914—20·0	8·7	0·39	0·50	66	6·11	1·83	0·31
Average of five years, 1909–1913—							
22·79	10·25	0·93	0·67	99	1·58	1·80	0·68

Adopted Acts	{	Infectious Disease (Prevention) Act, 1890.
		Public Health Acts Amendment Act, 1890 (parts II., III. and V.)
		Public Health Acts Amendment Act, 1907 (in part).

INFECTIOUS DISEASES.—Cases notified: Scarlet fever 186, diphtheria thirty-one, erysipelas twenty-eight, enteric fever nine, cerebro-spinal meningitis seven, phthisis twenty-five, non-pulmonary tuberculosis three. The great majority of the scarlet fever and diphtheria patients were treated in the isolation hospital. Diphtheria shewed a reduced prevalence, whilst the incidence of scarlet fever increased, compared with the previous year.

The first case of measles in a family has been notifiable in this district for some years, and during 1915 there were 535 cases, an increase of 355 over 1914. Arrangements have been made with the Dartford Joint Hospital Committee to admit selected cases of measles into their hospital, for treatment only.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—A whole-time health visitor is engaged and pays repeated visits to mothers. A voluntary baby club is held weekly for lectures and the weighing of infants, and is attended regularly by the medical officer of health and the health visitor.

BILLETING OF TROOPS, &c.—A number of the National Guard is billeted permanently in the town, and other troops temporarily. The medical officer of health is in close touch with the military authorities.

## DEAL.

Medical Officer of Health, ALFRED MASON, M.R.C.S., L.R.C.P.

Area in Acres, 1,114.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	10,581	...	11,295	...	10,566	
Inhabited Houses		2,342	...	2,403	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population. Scarlet Fever. Diphtheria. Enteric Fever.
1915—	18·9	19·5	2·37	0·95	111	3·22	0·95 0·10
1914—	21·3	15·5	0·87	1·05	70	9·89	0·80 0·18
Average of five years, 1909–1913—							
	21·48	12·22	0·68	0·84	83	0·82	0·13 0·35

Adopted Acts	{	Public Health Acts Amendment Act, 1890.
		Public Health Acts Amendment Act, 1907 (parts of).



INFECTIOUS DISEASES.—Cases notified: Scarlet fever thirty-four, diphtheria ten, erysipelas two, enteric fever one, phthisis ten, non-pulmonary tuberculosis ten. Thirty scarlet fever patients were treated in the isolation hospital. The incidence of scarlet fever was less than one-third that of the previous year.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor.

BILLETING OF TROOPS, &c.—Only a few troops were billeted in the town, and the medical officer of health co-operated with the military authorities by inspecting billets as necessary.

### DOVER.

Medical Officer of Health, M. K. ROBINSON, M.D.

Area in Acres, 1,948.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	42,672	...	43,645	...	38,571	
Inhabited Houses		7,508	...	7,439	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.
							Scarlet Fever. Diphtheria. Enteric Fever.
1915—	20·3	16·9	1·30	1·32	126	3·48	0·91 1·53
1914—	20·9	11·3	1·02	0·84	74	3·58	2·41 0·14
Average of five years, 1909—1913—							
		21·6	10·22	1·00	0·83	96	1·54 1·69 0·12

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.\*

INFECTIOUS DISEASES.—Cases notified: Scarlet fever 135, diphtheria thirty-five, enteric fever fifty-nine, erysipelas twenty-two, puerperal fever one, cerebro-spinal meningitis sixteen, ophthalmia seven, phthisis fifty-seven, non-pulmonary tuberculosis thirty-four. All the cerebro-spinal fever patients were treated in the isolation hospital, as also were fifteen diphtheria, eighty-one scarlet fever and thirty enteric fever patients. Diphtheria showed only one-third the prevalence of the previous year. A special report on the outbreak of enteric fever is contained on page 44.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—A health visitor for this district was not appointed until 1916.

\*Parts II. and III., Sec. 52 to 67 of Part IV., Part V., Sec. 93 and 95 of Part X.

## ERITH.

Medical Officer of Health, A. E. JERMAN, M.B.

(Temporary Acting, L. J. J. BARNES, M.D.)

Area in Acres, 3,859.

	Census 1901.		Census 1911.		Estimated 1915.
Population ...	25,296	...	27,750	...	35,232
Inhabited Houses	4,291	...	4,654	...	—

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—	24·2	10·6	1·08	0·69	74	6·56	2·99	0·09
1914—	27·3	12·9	1·25	0·99	92	10·05	2·82	0·72

Average of five years, 1909–1913—

24·09	9·34	0·86	0·71	74	3·96	1·34	0·21
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Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907 (part of).

INFECTIOUS DISEASES.—Cases notified : Scarlet fever 231, diphtheria 105, erysipelas twenty-one, enteric fever three, cerebro-spinal meningitis four, puerperal fever one, poliomyelitis one, phthisis forty-five, non-pulmonary tuberculosis eleven. The majority of the cases of scarlet fever and about fifty per cent. of the diphtheria patients were treated in the isolation hospital. The incidence of scarlet fever was considerably lower, and of diphtheria higher, than that of the previous year.

WATER SUPPLY.—Several wells were closed at the gipsy encampment on the Belvedere marshes.

DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The present health visitor who visits mothers of newly-born children, is also the council's school nurse, but another whole-time health visitor was about to be appointed at the end of the year.

BILLETING OF TROOPS, &c.—No troops were billeted in the town, but there was a large camp at Belvedere, and a number of soldiers stationed in

the drill hall. These places, and the accommodation of two other smaller sections, were regularly inspected by the inspector of nuisances, and all refuse was removed by the council.

## FAVERSHAM.

Medical Officer of Health, CHARLES J. EVERS, M.D.

Area in Acres, 685.

	Census 1901.		Census 1911.		Estimated 1915.
Population ...	11,290	...	10,619	...	11,272
Inhabited Houses	2,488	...	2,213	..	—

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—	22·6	15·3	0·98	0·71	90	3·29	2·13	0·09
1914—	21·5	13·2	0·83	0·56	94	1·75	3·58	0·37

Average of five years, 1909–1913—

21·02	12·24	0·87	0·83	85	3·70	2·98	0·69
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Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.

INFECTIOUS DISEASES. — Cases notified : Scarlet fever thirty-seven, diphtheria twenty-four, erysipelas fifteen, enteric fever one, cerebro-spinal meningitis two, ophthalmia four, phthisis seventeen, non-pulmonary tuberculosis four. The majority of the cases, with the exception of erysipelas, ophthalmia and tuberculosis, were removed to the isolation hospital. Compared with last year, the incidence of scarlet fever has doubled, whilst the diphtheria incidence showed a considerable reduction.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—No health visitor has been appointed. A school nurse does a certain amount of home visiting.

BILLETING OF TROOPS, &c.—There was an increase over 1914 in the number of troops billeted, and also a large influx of munition workers. Certain cases of infectious disease, occurring amongst military units, were treated in the borough isolation hospital.



FOLKESTONE.

Medical Officer of Health, M. G. YUNGE-BATEMAN, M.R.C.S., L.S.A., D.P.H.

Area in Acres, 2,325.

Population		...	Census 1901.	...	Census 1911.	...	Estimated 1915.
			30,379		33,042		32,753
Inhabited Houses			5,379		5,483		—
						Cases of Infectious Disease per 1,000 of the population.	
Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.		Scarlet Fever.	Diphtheria. Enteric Fever.
1915—16	16·6	15·5	1·68	0·83	115	2·27	2·27 0·25
1914—17	17·8	10·5	0·33	0·88	62	3·99	1·15 0·15
Average of five years, 1909—1913—							
	17·34	10·92	0·86	0·87	80	1·71	1·08 0·19

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.

INFECTIOUS DISEASES.—Cases notified : Small-pox one, diphtheria seventy-four, scarlet fever seventy-four, enteric fever eight, puerperal fever two, erysipelas twenty, cerebro-spinal meningitis three, ophthalmia four, phthisis forty-five, non-pulmonary tuberculosis twenty-four. Measles and whooping cough were also prevalent. Of the first four-mentioned diseases, all the patients, except seven, were treated in the isolation hospital. Compared with the previous year, diphtheria nearly doubled in prevalence, whilst the reverse was the case in scarlet fever.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—A joint health visitor and school nurse is employed by the council. The nurse visits all cases attended by midwives, and such others as directed. Facilities for weighing infants exist at the school clinic. The medical officer of health suggests the desirability of establishing a crèche and a maternity centre, together with the appointment of a whole-time health visitor.

BILLETING OF TROOPS, &C.—Billeting was conducted irregularly at first owing to the civil authorities not having been consulted, and overcrowding was consequently frequent. This was remedied in the autumn.

FOOTSCRAY.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 2,043.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	5,817†	...	8,493	...	8,738	
Inhabited Houses		1,164†	...	1,511	...	—	

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—	17·1	10·8	0·69	0·46	58	0·58	0·81	—
1914—	16·8	10·0	1·00	0·78	73	3·09	3·64	—
Average of five years, 1909—1913—								
	15·12	7·86	0·40	0·30	62	3·12	1·18	0·08

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890 (parts  
2 and 3).  
Public Health Acts Amendment Act, 1907.\*

INFECTIOUS DISEASES.—Cases notified: Scarlet fever five, diphtheria seven, erysipelas three, cerebro-spinal meningitis one, phthisis eight, non-pulmonary tuberculosis one. Two scarlet fever and four diphtheria patients were treated in the isolation hospital. Scarlet fever and diphtheria shewed only one-fifth the incidence of 1914.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—No health visitor is attached to the staff of the medical officer of health.

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\* Parts II., III., IV., V., VI., Sections 81 and 86 of part VII. Parts VIII., IX., and Section 95 of part X.  
† These figures do not include Lamorbey Ward, now transferred to this district from Bexley.

## GILLINGHAM.

Medical Officer of Health, E. C. WARREN, L.R.C.P., L.S.A.

Area in Acres, 4,988.

		Census 1901.		Census 1911.		Estimated 1915.			
Population		...	42,745	...	52,252	...	45,058		
Inhabited Houses			7,806	...	9,545	...	—		
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.		Cases of Infectious Disease per 1,000 of the population.	
						Scarlet Fever.	Diphtheria.	Enteric Fever.	
1915—19·6		13·5	1·00	0·94		95	3·09	2·09	0·12
1914—22·7		12·6	0·84	0·93		100	3·68	3·12	0·19
Average of five years, 1909–1913—									
		24·44	10·4	0·97	0·90	83	2·95	2·01	0·28
Adopted Acts		{ Infectious Disease (Prevention) Act, 1890. Public Health Acts Amendment Act, 1890. Public Health Acts Amendment Act, 1907.							

INFECTIOUS DISEASES.—Cases notified: Scarlet fever 139, diphtheria ninety-four, erysipelas thirty-two, enteric fever five, puerperal fever three, cerebro-spinal meningitis five, ophthalmia thirteen, phthisis eighty-four, non-pulmonary tuberculosis twenty-three. The majority of the cases of scarlet fever and diphtheria were treated in the isolation hospital. Both these diseases shewed a greatly reduced prevalence compared with the previous year.

WATER SUPPLY.—The public supply has now been laid on to Wigmore Hospital and several camps and houses within the district have been connected up during 1915.

DRAINAGE AND SEWERAGE.—Several camps in the area are being connected to the sewer, and a scheme is in hand for the drainage of that portion of the dockyard extending into Gillingham.

SCAVENGING, &c.—A re-arrangement has taken place during the year which renders more satisfactory the removal of house-refuse.

INFANT WELFARE.—The mothers of newly-born infants are visited by the health visitor and given instructions as to the upbringing of the children, and special cases are kept under observation.

BILLETING OF TROOPS, &c.—The various billets have been inspected, and overcrowded or dirty premises have been intimated to the Assistant Director of Medical Services. The sanitary officials have also paid special attention to the removal of ashes from billets and have ensured that no defects of lavatory accommodation existed.



GRAVESEND.

Medical Officer of Health, C. D. OUTRED, M.R.C.S., L.R.C.P., D.P.H.

Area in Acres, 1,260.

		Census 1901.		Census 1911.		Estimated 1915.		
Population ...		27,196	...	28,115	...	27,808		
Inhabited Houses		5,008	...	4,842	...	—		
		Zymotic	Phthisis	Rate of Deaths under		Cases of Infectious Disease		
Birth	Death	Death	Death	one year of age to		per 1,000 of the population.		
Rate.	Rate.	Rate.	Rate.	1,000 Births.		Scarlet	Diphtheria.	Enteric
						Fever.		Fever.
1915—	21·7	15·5	0·97	1·22	90	2·20	3·42	0·29
1914—	23·7	12·8	1·06	0·92	81	2·75	1·24	0·46
Average of five years, 1909-1913—								
	21·6	13·14	1·06	0·65	90	3·24	1·03	0·34

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907 (in part).

INFECTIOUS DISEASES.—Cases notified: Small-pox one, scarlet fever sixty-one, diphtheria ninety-five, erysipelas twenty-seven, enteric fever eight, cerebro-spinal meningitis seven, ophthalmia seven, phthisis fifty-one, non-pulmonary tuberculosis twenty-nine. The small-pox case, forty-five diphtheria, thirty-nine scarlet fever and six enteric fever patients, were treated in the isolation hospital.

Compared with the previous year, diphtheria showed nearly three times the prevalence, whilst scarlet fever showed a reduction.

More than one-third of the diphtheria cases were not clinically diphtheria, but were positive on bacteriological examination of a throat swab.

WATER SUPPLY AND DRAINAGE.—No developments took place during the year.

SCAVENGING.—An improvement has been effected by the division of the borough into six districts for scavenging &c. purposes, as against four previously. Refuse is periodically removed from the military hospital, the barracks, the fort and buildings used for billeting.

INFANT WELFARE.—A combined school nurse and health visitor, visits all working-class houses at which births have been notified, and advises mothers as to the care of infants.

BILLETING OF TROOPS, &c.—Special attention is paid by the health department to food supplies for soldiers, and to the inspection of premises where troops are housed. A number of houses have been taken over for housing war workers, but had not come into use by the end of the year under review.

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### HERNE BAY.

Medical Officer of Health, M. K. ROBINSON, M.D.

Area in Acres, 887.

		Census 1901.		Census 1911.		Estimated 1915.		
Population		...	6,726	...	7,780	...	7,238	
Inhabited Houses			1,322	...	1,462	...	—	
		Cases of Infectious Disease per 1,000 of the population.						
Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Scarlet Fever.	Diphtheria.	Enteric Fever.	
1915—	13·9	16·9	0·56	1·52	53	2·49	0·97	0·28
1914—	17·1	11·7	0·13	0·99	44	3·93	0·13	0·37
Average of five years, 1909–1913—								
	15·08	10·28	0·83	1·06	78	1·73	1·10	0·19

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.\*

INFECTIOUS DISEASES.—Cases notified : Scarlet fever eighteen, diphtheria seven, enteric fever two, erysipelas two, phthisis seventeen, non-pulmonary tuberculosis five. All except one of the scarlet fever and diphtheria patients were treated in the isolation hospital. Compared with the previous year, scarlet fever was considerably less prevalent.

WATER SUPPLY AND DRAINAGE.—No developments took place during the year.

SCAVENGING.—The council have adopted the daily disinfection of all ash receptacles with carbolic powder.

INFANT WELFARE.—The council appointed a health visitor under the Notification of Births Acts during the year.

BILLETING OF TROOPS, &c.—The health department has rendered assistance to the various detachments stationed in the district, on all matters concerning sanitation and the prevention of disease.

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\*Parts II. to X. inclusive.

## HYTHE.

Medical Officer of Health, M. K. ROBINSON, M.D.

Area in Acres, 2,608.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	5,557	...	6,387	...	6,698	
Inhabited Houses		1,127	...	1,316	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population. Scarlet Fever. Diphtheria. Enteric Fever.
1915—	21·0	16·5	0·90	1·05		87	5·23 — —
1914—	23·9	12·4	0·31	0·46		95	1·52 0·31 —
Average of five years, 1909–1913—							
	20·8	11·06	0·41	0·90		106	1·26 0·28 0·07

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.\*

INFECTIOUS DISEASES.—Cases notified : Scarlet fever thirty-five, erysipelas two, cerebro-spinal meningitis three, phthisis seven, non-pulmonary tuberculosis two. Eleven scarlet fever and two of the cerebro-spinal fever patients were treated in the isolation hospital. Scarlet fever showed a trebled incidence compared with the previous year.

WATER SUPPLY.—Owing to the demand for water by the troops stationed at Sandling camp, it has been found necessary to re-open the old works at Saltwood. New electrical pumping plant has been installed, giving an additional 60,000 gallons of water per day.

DRAINAGE.—Negotiations are in progress as to the drainage of the military camps at Dibgate and St. Martin's Plain into the borough sewerage system.

INFANT WELFARE.—No health visitor has been appointed by the council.

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\*Sections 15 to 25, 27 to 31, and 33 of Part II. ; Sections 34 to 38, 43 to 49, and 51 of Part III. ; Sections 52 to 60, and 62 to 65 of Part IV.



LYDD.

Medical Officer of Health, H. S. OLIVER, L.S.A.\*

Area in Acres, 12,082.

		Census 1901.		Census 1911.		Estimated 1915.		
Population ...		2,675		2,874		2,336		
Inhabited Houses		497		450		—		
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.	
							Scarlet Fever.	Enteric Fever.
1915—								
1914—		15·9	9·7	0·35	1·04	44	1·04	—
Average of five years, 1909–1913—		17·36	9·32	0·70	0·86	67	2·93	0·08
Adopted Acts {		Infectious Disease (Prevention) Act, 1890.						
		Public Health Acts Amendment Act, 1890.						

Owing to the death of Dr. Oliver and the delayed appointment of a successor, no statistics are available for 1915.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—No health visitor has been appointed by the district council.

BILLETING OF TROOPS, &c.—No overcrowding has been caused by the billeting of troops in Lydd, nor has the presence of military units affected the health of the district injuriously.

\* Dr. Oliver died on November 7th, 1915, and up to the end of the year no successor had been appointed.

MAIDSTONE.

Medical Officer of Health, C. PYE OLIVER, M.D., D.P.H.

(Temporary Acting, J. E. C. ALLOTT, M.R.C.S., L.R.C.P.)

Area in Acres, 4,008.

		Census 1901.		Census 1911.		Estimated 1915.		
Population ...		33,516		35,475		32,128		
Inhabited Houses		6,613		6,569		—		
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.	
							Scarlet Fever.	Enteric Fever.
1915—		19·5	16·5	0·72	1·72	103	2·53	0·47
1914—		20·3	12·3	1·28	1·11	89	2·60	0·70
Average of five years, 1909–1913—		20·76	12·34	0·92	1·14	88	2·29	0·17

Adopted Acts	{	Infectious Disease (Prevention) Act, 1890.
		Public Health Acts Amendment Act, 1890.
		Public Health Acts Amendment Act, 1907.

INFECTIOUS DISEASES.—Cases notified : Scarlet fever eighty-one, diphtheria twenty-seven, erysipelas twenty-nine, enteric fever fifteen, cerebro-spinal meningitis five, ophthalmia five, phthisis fifty-two, non-pulmonary tuberculosis eleven. Half the scarlet fever patients, and all but one of the diphtheria patients, were treated in the isolation hospital. The cases of cerebro-spinal meningitis and also five of the typhoid fever patients were likewise removed to hospital. The incidence of diphtheria was only one-third that of the previous year, whilst scarlet fever and enteric fever were also less prevalent.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The school nurse has been appointed to act also as health visitor, but she visits only those births where neither a doctor nor a qualified midwife were in attendance.

### MARGATE.

Medical Officer of Health, R. Mc COMBE, F.R.C.S., L.R.C.P., D.P.H.

† Area in Acres, 2,463.

		Census 1901.		Census 1911.		Estimated 1915.		
†Population ..		24,127	...	28,458	...	25,278		
†Inhabited Houses		4,575	...	4,729	...	—		
		Zymotic		Phthisis	Rate of Deaths under	Cases of Infectious Disease		
		Death	Death	Death	one year of age to	per 1,000 of the population.		
Birth		Rate.	Rate.	Rate.	1,000 Births.	Scarlet	Diphtheria.	Enteric
Rate.						Fever.		Fever.
1915—	14·8	13·1	0·75	0·56	68	2·10	1·87	0·31
1914—	16·3	11·1	0·57	0·64	82	2·37	1·40	0·70
Average of five years, 1909–1913—								
	15·54	11·3	0·78	1·06	97	3·36	0·94	0·25

Adopted Acts	{	Infectious Disease (Prevention) Act, 1890.
		Public Health Acts Amendment Act, 1890.
		Public Health Acts Amendment Act, 1907.

INFECTIOUS DISEASES.—Cases notified : Scarlet fever fifty-three, diphtheria forty-seven, erysipelas ten, enteric fever eight, poliomyelitis one, ophthalmia two, phthisis fifty-one, non-pulmonary tuberculosis twenty-six. The large majority of the scarlet fever, diphtheria and enteric fever patients, were treated in the isolation hospital. Both scarlet fever and enteric fever were less prevalent than in 1914.

† Census figures corrected for extension of boundary by inclusion of certain portions of Isle of Thanet.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The health visitor visits all births attended by midwives, and in doctors' cases by request. An infant welfare and mothercraft centre was opened in October, at which there is a good attendance. Milk is supplied, from a philanthropic source, to nursing mothers and delicate children in necessitous cases.

BILLETING OF TROOPS, &c.—There is close co-operation in this matter between the medical officer of health and the military authorities, and a weekly interchange of notifications of infectious disease takes place. Billets are inspected by the sanitary staff, verminous clothing is passed through the council's steam disinfecter, and the troops are allowed the use of the bath at the disinfecting station, for the treatment of scabies, &c. The clothing of wounded men arriving at the military hospital is likewise disinfected.

MILTON REGIS.

Medical Officer of Health, T. BARRETT HEGGS, M.D., D.P.H.

(Temporary Acting, W. M. SCOTT, M.D., B.SC.)

Area in Acres, 2,554.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	7,086	...	7,475	...	6,976	
Inhabited Houses		1,421	...	1,462	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.
							Scarlet Fever. Diphtheria. Enteric Fever.
1915—	19·3	13·8	0·72	0·44		55	2·44 2·73 0·29
1914—	25·1	8·6	0·40	0·92		27	4·86 0·79 0·27
Average of five years, 1909–1913—							
	22·8	11·68	1·19	0·87		76	5·18 0·41 0·43

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890 (parts 2, 3, 4 and 5).  
Public Health Acts Amendment Act, 1907 (parts).

INFECTIOUS DISEASES.—Cases notified : Scarlet fever seventeen, diphtheria nineteen, erysipelas three, enteric fever two, puerperal fever one, cerebro-



spinal meningitis one, phthisis eight, non-pulmonary tuberculosis one. All except one of the scarlet fever, diphtheria, enteric fever and cerebro-spinal meningitis patients were treated in the isolation hospital. The nineteen diphtheria cases, compare with six notified in 1914, whilst the scarlet fever incidence is about one-half the average of the last five years.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—Towards the end of the year, the council decided that the health visitor, who had previously devoted only half her time to this work for the Milton and Sittingbourne combined district, should be made a whole-time official in connection with infant welfare. Infants are visited at their homes for the first month and the mothers are then instructed to take them to the “Welcome,” where they are weighed and further advice tendered.

BILLETING OF TROOPS, &c.—Small numbers of troops were billeted from time to time in the better-class houses. No special action was called for.

### NEW ROMNEY.

Medical Officer of Health, HENRY HICK, M.R.C.S., L.R.C.P.

Area in Acres, 1,364.

		Census 1901.		Census 1911.		Estimated 1915.		
Population	...	1,328	...	1,333	...	1,222		
Inhabited Houses		298	...	246	...	—		
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.		
						Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—	15·8	19·7	0·82	—	95	1·63	3·28	—
1914—	13·5	4·1	0·76	1·50	Nil.	2·26	1·50	—
Average of five years, 1909–1913—								
	19·26	8·54	0·16	0·61	36	0·91	0·60	—

Adopted Acts ... Infectious Disease (Prevention) Act, 1890 (sec. 5).

INFECTIOUS DISEASES.—Cases notified : Scarlet fever two, diphtheria four, non-pulmonary tuberculosis one. The four scarlet fever patients and one of the diphtheria patients were treated in the isolation hospital.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—No health visitor is engaged in this district.

**BILLETING OF TROOPS, &c.**—There was much overcrowding at first from this cause, until the matter was taken up by the local authority. Rubella and scabies were brought into the town by soldiers, but neither of these ailments spread to the civil population.

### NORTHFLEET.

Medical Officer of Health, H. T. SELLS, M.R.C.S., L.R.C.P.

Area in Acres, 3,932.

		Census 1901.		Census 1911.		Estimated 1915.		
Population		...	12,906	...	14,184	...	14,756	
Inhabited Houses			2,507	...	2,590	...	—	
		Cases of Infectious Disease per 1,000 of the population.						
Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Scarlet Fever.	Diphtheria.	Enteric Fever	
1915—	28·2	15·6	1·09	0·75	89	2·31	0·89	0·14
1914—	28·0	12·8	1·17	1·11	124	2·20	0·76	0·28
Average for five years, 1909–1913—								
	27·18	11·76	1·27	0·84	95	5·73	0·87	0·56

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.\*

**INFECTIOUS DISEASES.** — Cases notified: Scarlet fever thirty-three, diphtheria thirteen, erysipelas eight, enteric fever two, phthisis twenty, non-pulmonary tuberculosis nineteen. Only two scarlet fever and three diphtheria patients were treated in the isolation hospital.

**WATER SUPPLY AND DRAINAGE.**—No developments took place during the year.

**SCAVENGING.**—House-refuse is now removed once every ten days.

**INFANT WELFARE.**—The health visitor (who also devotes half her time to the duties of school nurse for the Kent Education Committee) visits all houses where children are born, within a month of birth and subsequently as required. The handbill of advice and instruction, which she gives to mothers, is also distributed yearly to each house in the district.

**BILLETING OF TROOPS, &c.**—No troops were billeted or stationed in the district during the year.

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\* Except sections 39, 40, 41, 42 and 67.

PENGE.

Medical Officer of Health, ROBERT WILKINSON, M.D. (Brux.),  
M.R.C.S., L.R.C.P.

Area in Acres, 770.

	Census 1901.		Census 1911.		Estimated 1915.	
Population ...	22,465	...	22,330	...	22,218	
Inhabited Houses	3,773	...	3,318	...	—	

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—18·8		15·2	0·95	1·18	93	2·21	1·09	—
1914—18·6		12·2	0·67	0·99	77	1·34	1·65	0·05
Average of five years, 1909–1913—								
	18·16	11·56	0·75	0·85	92	2·29	2·75	0·20

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907 (certain  
sections only).

INFECTIOUS DISEASES.—Cases notified : Scarlet fever forty-nine, diphtheria twenty-four, erysipelas seven, cerebro-spinal meningitis four, phthisis thirty-eight, non-plumonary tuberculosis eight. The majority of the scarlet fever, diphtheria and cerebro-spinal meningitis patients were treated in the isolation hospital. Scarlet fever showed a greatly increased prevalence, compared with the year 1914, whilst the incidence of diphtheria was considerably lower. Cerebro-spinal fever has caused some amount of anxiety, there having been a constant “focus” in the naval division quartered in Penge.

WATER SUPPLY, DRAINAGE AND SCAVANGING.—No developments took place during the year.

INFANT WELFARE.—The great majority of the births are visited by the council’s health visitor. A maternity and child welfare clinic was established in August, where infants are examined weekly by the medical officer of health, assisted by the health visitor. Where necessary, illnesses are prescribed for, advice is given and medicines and other medicinal comforts are provided. Dr. Wilkinson suggests that a great drawback is the inability of the council to provide milk in necessitous cases, but this is obviated, to some extent, by voluntary agencies. The clinic is becoming increasingly popular.



**BILLETING OF TROOPS, &c.**—The sanitary staff has been involved in a large amount of extra work in connection with the disinfection of clothes, bedding, &c., belonging to the men of the Royal Naval Division which is stationed in the district.

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### QUEENBOROUGH.

Medical Officer of Health, T. BARRETT HEGGS, M.D., D.P.H.

Temporary Acting, W. M. SCOTT, M.D., B.SC.

†Area in Acres, 695.

		Census 1901.		Census 1911.		Estimated 1915.		
†Population	...	1,555	...	2,738	...	3,034		
†Inhabited Houses		294	...	423	...	—		
		Cases of Infectious Disease per 1,000 of the population.						
	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—	28·4	14·2	1·32	0·98	142	1·65	1·32	0·65
1914—	29·7	8·6	2·00	0·34	102	1·34	—	—
Average of five years, 1909–1913—								
	25·48	9·36	1·35	0·59	69	0·37	2·85	0·91

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.

**INFECTIOUS DISEASES.**—Cases notified: Scarlet fever five, diphtheria four, erysipelas nine, enteric fever two, phthisis six, non-pulmonary tuberculosis two. All the scarlet fever, diphtheria and enteric fever patients were treated in the isolation hospital.

**WATER SUPPLY, DRAINAGE AND SCAVENGING.**—No developments took place during the year.

**INFANT WELFARE.**—A part-time health visitor is engaged by the council, and a mother's "welcome" has been established.

**BILLETING OF TROOPS, &c.**—An average of three thousand troops was billeted in Queenborough throughout the year. The deputy medical officer of health acted as special sanitary officer, and the troops were under his constant observation. There was no special incidence of infectious illness due to billeting.

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†Census figures corrected for extension of boundary by inclusion of Rushenden Estate from Sheppey.

RAMSGATE.

Medical Officer of Health, J. DUNDAS, M.D., D.P.H.

(Temporary Acting, GRACE H. G. DUNDAS, F.R.C.S.I., D.P.H.)

Area in Acres, 2,306.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	27,733	...	29,603	...	25,899	
Inhabited Houses		5,893	...	5,825	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population. Scarlet Fever. Diphtheria. Enteric Fever.
1915—16·6		17·4	0·66	1·59		74	1·78 2·21 0·43
1914—18·6		11·8	0·57	0·80		95	3·44 0·93 0·34
Average of five years, 1909–1913—							
		19·92	13·06	1·11	0·98	100	1·73 0·90 0·62

Adopted Acts { Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.

INFECTIOUS DISEASES.—Cases notified : Scarlet fever forty-six, diphtheria sixty-seven, erysipelas sixty-one, enteric fever eleven, puerperal fever one, ophthalmia four, phthisis seventy-three, non-pulmonary tuberculosis thirty-seven. Thirty-five scarlet fever, forty-seven diphtheria and eight enteric fever patients were removed to the isolation hospital. The incidence of scarlet fever was considerably lower than in 1914, but diphtheria was increasingly prevalent. The majority of the latter patients were not typical clinical cases, although swabs were positive.

WATER SUPPLY, DRAINAGE AND SCAVANGING.—No developments took place during the year.

INFANT WELFARE.—A health visitor is employed by the council, and the usual procedure is adopted as regards the visitation of infants. A clinic exists for the benefit of infants and pregnant women, superintended by the medical officer of health. During 1915 the Central Help Voluntary Agency supplied sixteen babies with one pint of milk daily, until they were twelve months old.

BILLETING OF TROOPS, &c.—Troops were billeted in private houses, and the disinfecting station was used freely for storing blankets, &c., infected with vermin and scabies. Accommodation was found by the corporation for baths for the troops. Only four cases of infectious disease occurred amongst soldiers during the year.

ROCHESTER.

Medical Officer of Health, S. J. PRITCHETT, M.R.C.S., D.P.H.

Area in Acres, 2,936.

Population	...	Census 1901.	30,590	...	Census 1911.	31,384	...	Estimated 1915.	31,125
Inhabited Houses			6,236	...		5,932	...		—
	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1000 Births.	Cases of Infectious Disease per 1000 of the population.			
						Scarlet Fever.	Diphtheria.	Enteric Fever.	
1915—	20·9	15·0	1·19	1·16	81	2·32	2·19	0·10	
1914—	22·2	12·5	1·05	0·73	80	4·33	3·48	0·35	
Average of five years, 1909–1913—									
	22·42	11·52	1·19	0·98	87	3·31	2·76	0·93	

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.

INFECTIOUS DISEASES.—Cases notified: Scarlet fever seventy-two, diphtheria sixty-eight, erysipelas twenty-one, enteric fever three, puerperal fever two, cerebro-spinal meningitis three, ophthalmia thirteen, phthisis forty-two, non-pulmonary tuberculosis fourteen. About two-thirds of the cases of scarlet fever and diphtheria were treated in the isolation hospital. Both scarlet fever and diphtheria showed a greatly reduced incidence compared with the previous year, and the prevalence of infectious diseases generally was lower than in any of the last five years.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The whole-time nurse visits recently confined mothers, and continues her visits as frequently as necessary until the babies are three months of age.

BILLETING OF TROOPS, &c.—There is close co-operation with the military authorities to the advantage of all concerned.



## SANDGATE.

Medical Officer of Health, C. E. PERRY, M.D.

Area in Acres, 430.

		Census 1901.		Census 1911.		Estimated 1915.		
Population	...	2,294	...	2,827	...	1,723		
Inhabited Houses		352	...	258	...	—		
		Zymotic	Phthisis	Cases of Infectious Disease				
Birth	Death	Death	Death	Rate of Deaths under	per 1,000 of the population.			
Rate.	Rate.	Rate.	Rate.	one year of age to	Scarlet	Diphtheria.	Enteric	
				1,000 Births.	Fever.		Fever.	
1915—	5·0	16·9	2·90	1·17	72	1·75	2·33	—
1914—	10·9	8·4	—	0·70	65	2·47	0·36	—
Average of five years, 1909–1913—								
	11·6	9·0	0·37	0·25	88	0·63	0·21	—

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907 (in part).

INFECTIOUS DISEASES.—Cases notified: Scarlet fever three, diphtheria four, erysipelas one, cerebro-spinal meningitis one, phthisis one, non-pulmonary tuberculosis one. One scarlet fever and three diphtheria patients were treated in the isolation hospital.

WATER SUPPLY.—The council's new water-supply scheme has been completed, and is now in operation.

SCAVENGING.—During the year the council took over from the contractor the work of scavenging. This is now carried out by direct labour, and a great improvement has resulted.

INFANT WELFARE.—The council has not engaged the services of a health visitor in this connection.

SANDWICH.

Medical Officer of Health, JOHN W. HARRISSON, M.B., C.M.  
(Temporary Acting, H. KERSWILL, M.R.C.S., L.R.C.P.)

Area in Acres, 707.

		Census 1901.		Census 1911.		Estimated 1915.		
Population	...	3,170	...	3,040	...	2,957		
Inhabited Houses		674	...	600	..	—		
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.	
							Scarlet Fever.	Enteric Fever.
1915—	18·8	18·6	0·34	0·68	70	—	0·34	—
1914—	19·4	8·5	0·66	—	68	—	0·33	—
Average of five years, 1909–1913—								
	19·36	12·76	0·74	0·98	102	1·39	0·40	0·07
Adopted Acts		{ Infectious Disease (Prevention) Act, 1890. Public Health Acts Amendment Act, 1890 (parts II. III. and IV.).						

INFECTIOUS DISEASES.—Cases notified : Diphtheria one, ophthalmia one, phthisis three, non-pulmonary tuberculosis one. None of the patients was treated in the isolation hospital.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council's health visitor pays periodical visits to the mothers of newly-born babies. A mothercraft club has been established, and is controlled by local ladies.

SEVENOAKS.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 3,259.

		Census 1901.		Census 1911.		Estimated 1915.		
Population	...	8,106	...	9,182	...	8,795		
Inhabited Houses		1,615	...	1,701	..	—		
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1000 of the population.	
							Scarlet Fever.	Enteric Fever.
1915—	14·2	14·0	0·57	1·60	104	0·57	0·46	—
1914—	14·4	9·4	0·11	0·84	59	4·40	1·78	—
Average of five years, 1909–1913—								
	18·36	10·3	0·56	0·63	60	2·04	0·10	0·07
Adopted Acts		{ Infectious Disease (Prevention) Act, 1890. Public Health Acts Amendment Act, 1890 (parts II., III., IV. and V.). Public Health Acts Amendment Act, 1907 (parts II., III. and IV.). (Certain Sections)*.						

\* Sections 15 to 17, 20, 21, 23 to 30, 32 to 38, 44 to 53, 55 to 59, 62 to 65 and 67.

INFECTIOUS DISEASES.—Cases notified : Scarlet fever five, diphtheria four, erysipelas three, puerperal fever one, cerebro-spinal meningitis one, phthisis twenty, non-pulmonary tuberculosis six. The cerebro-spinal fever, diphtheria and scarlet fever patients were isolated and treated in hospital. Compared with the previous year, the reduction in the number of cases of scarlet fever and diphtheria notified was most marked.

WATER SUPPLY AND DRAINAGE.—No developments took place during the year.

SCAVENGING.—To facilitate collection the council purchased two horses during the year to replace animals previously hired.

INFANT WELFARE.—No health visitor is engaged by the council.

### SHEERNESS.

Medical Officer of Health, T. BARRETT HEGGS, M.D., D.P.H.

(Temporary Acting, W. M. SCOTT, M.D., B.SC.)

Area in Acres, 864.

		Census 1901.		Census 1911.		Estimated 1915.			
Population		...	18,179	...	17,487	...	16,598		
Inhabited Houses			2,999	...	3,132	...	—		
		Zymotic		Phthisis		Rate of Deaths under		Cases of Infectious Disease.	
Birth	Death	Death	Death	one year of age to		per 1000 of the population.			
Rate.	Rate.	Rate.	Rate.	1,000 Births.		Scarlet	Diphtheria.	Enteric	
						Fever.		Fever.	
1915—	22·1	17·6	1·63	0·91	108	3·38	7·84	1·21	
1914—	22·7	14·3	1·16	0·74	103	6·95	3·43	1·11	
Average of five years, 1909–1913—									
	23·94	11·34	0·65	0·83	85	3·46	0·47	0·69	

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890 (part III).  
Public Health Acts Amendment Act, 1907.

INFECTIOUS DISEASES.—Cases notified : Scarlet fever fifty-six, diphtheria 130, erysipelas fifteen, enteric fever twenty, puerperal fever two, cerebro-spinal meningitis five, poliomyelitis four, ophthalmia one, phthisis thirty-one, non-pulmonary tuberculosis five. The great majority of the scarlet fever, diphtheria and enteric fever patients were treated in the isolation hospital. Diphtheria doubled in prevalence compared with the previous year, whilst the reverse was the case as regards scarlet fever.



**WATER SUPPLY.**—The council made an application during the year for sanction to borrow the sum of £6,750 for purposes of water-supply, but for reasons connected with the war, the application was unsuccessful.

**DRAINAGE AND SCAVENGING.**—No developments took place during the year.

**INFANT WELFARE.**—The part-time health visitor continued her work throughout the year. The “Mother’s Welcome” makes somewhat slow progress, but the health visitor’s work generally has been productive of good results.

**BILLETING OF TROOPS, &c.**—An average of about three thousand troops were in billets or camps throughout the year, and the medical officer of health acted as special sanitary officer to the troops. The congestion of Sheerness was made more acute by their presence, and this indirectly conduced to the prevalence of infectious disease, although there was no extensive epidemic.

### SITTINGBOURNE.

Medical Officer of Health, T. BARRETT HEGGS, M.D, D.P.H.

(Temporary Acting, W. M. SCOTT, M.D., B.SC.)

Area in Acres, 1,004.

	Census 1901.		Census 1911.		Estimated 1915.
Population ...	8,943	...	8,380	...	8,463
Inhabited Houses	1,923	..	1,605	...	—

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—	24·6	13·6	0·71	0·36	49	4·14	3·90	0·48
1914—	26·5	10·5	0·60	0·48	68	4·54	0·48	0·48
Average of five years, 1909–1913—								
	23·9	12·44	1·15	0·92	107	5·74	0·48	0·49

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907 (parts of).

**INFECTIOUS DISEASES.**—Cases notified: Scarlet fever thirty-five, diphtheria thirty-three, erysipelas three, enteric fever four, cerebro-spinal meningitis two, phthisis eighteen, non-pulmonary tuberculosis two. Practically all the scarlet fever, diphtheria and enteric fever patients were treated in the isolation hospital. Diphtheria showed a much greater incidence than in 1914, and scarlet fever remained constant.

**WATER SUPPLY AND DRAINAGE.**—No developments took place during the year.

**SCAVENGING.**—To facilitate the collection of refuse, additional expenditure has been incurred in horse hire and labour.

**INFANT WELFARE.**—Towards the end of the year, the council decided that the health visitor, who had previously devoted only half her time to this work for the Milton and Sittingbourne combined district, should be made a whole-time official in connection with infant welfare. Infants are visited at their homes for the first month and the mothers are then instructed to take them to the “Welcome,” where they are weighed and further advice tendered.

**BILLETING OF TROOPS, &c.**—There was no special incidence of infectious disease throughout the year as a result of the presence of troops, in billets or camps, in the district.

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## SOUTHBOROUGH.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 1,702.

			Census 1901.		Census 1911.		Estimated 1915.
Population	...		6,977	...	7,001	...	6,567
Inhabited Houses			1,539	...	1,482	...	—

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—	17·3	17·1	—	0·92	99	0·87	1·38	—
1914—	18·6	12·2	1·86	1·15	100	1·43	2·15	—
Average of five years, 1909–1913—								
	19·06	11·86	0·80	0·76	91	2·60	6·19	0·30

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.\*

**INFECTIOUS DISEASES.**—Cases notified : Scarlet fever five, diphtheria nine, erysipelas four, puerperal fever one, cerebro-spinal meningitis one, phthisis twenty-five, non-pulmonary tuberculosis one. Practically all the scarlet fever and diphtheria patients were treated in the isolation hospital. The prevalence of infectious diseases generally was lower than in any of the last five years.

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\*Parts II., III., IV. and V.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place in the year.

INFANT WELFARE.—The council have not engaged the services of a health visitor in this connection. A voluntary scheme is in force at High Brooms, including a school for mothers, where babies are weighed. Home visiting is carried out by a Jubilee nurse.

BILLETING OF TROOPS, &c.—Troops were housed in the town and the billets were inspected as required. Three hundred and fifty-seven articles collected from the V.A.D. Hospital and the billets were disinfected by the sanitary authority.

### TENTERDEN.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 8,946.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	3,243	...	3,379	...	3,178	
Inhabited Houses		718	...	678	...	—	
Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
					Scarlet Fever.	Diphtheria.	Enteric Fever
1915—15·2	18·0	0·63	1·26	39	6·93	0·32	—
1914—16·1	11·9	1·17	1·17	73	2·63	0·88	—
Average of five years, 1909–1913—							
20·12	13·76	0·31	1·22	86	0·85	0·13	0·26
Adopted Acts { Public Health Acts Amendment Act, 1890 (part III).							
{ Public Health Acts Amendment Act, 1907 (parts II., III. and IV.).							

INFECTIOUS DISEASES.—Cases notified : Scarlet fever twenty-two, diphtheria one, phthisis one, non-pulmonary tuberculosis one. None of the patients was treated in hospital. Scarlet fever showed a greatly increased prevalence compared with the previous year.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No development took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—Very few troops were stationed in the town but billets were inspected, as necessary, by the medical officer of health.



## TONBRIDGE.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 1,356.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	12,736	...	14,796	...	13,946	
Inhabited Houses		2,685	...	2,950	...	—	
		Zymotic	Phthisis	Rate of Deaths under	Cases of Infectious Disease		
Birth	Death	Death	Death	one year of age to	Scarlet	Diphtheria.	Enteric
Rate.	Rate.	Rate.	Rate.	1,000 Births.	Fever.		Fever.
1915—17·9	14·6	0·36	1·08	80	2·59	1·22	0·15
1914—19·1	9·6	0·59	0·71	51	6·72	4·91	0·46
Average of five years, 1909–1913—							
19·68	10·96	0·70	0·86	82	1·95	1·59	0·47

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.\*

INFECTIOUS DISEASES.—Cases notified : Scarlet fever thirty-six, diphtheria seventeen, erysipelas ten, enteric fever two, phthisis eleven, non-pulmonary tuberculosis two. All the scarlet fever and enteric fever patients, and all but one of the diphtheria patients, were treated in the isolation hospital. There was a notable decrease in the number of cases notified compared with the previous year.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council have not engaged the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—There has been a considerable amount of sanitary work undertaken in connection with troops billeted in the area, and frequent inspections of billets have been made. There has been a remarkable absence of serious infectious disease amongst soldiers, but in order to deal effectively with measles and rubella, the medical officer of health obtained the council's permission to treat cases in the isolation hospital. Premises, clothing and bedding have been disinfected where necessary. On Dr. Tew's representation, baths were erected and bathing facilities provided by the council. The cleansing station of the Kent Education Committee was also placed at the disposal of the military authorities for some time, until other arrangements were made.

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\* Parts I. and II. ; sections 34 to 51 inclusive of Part III., sections 52 to 67 inclusive of Part IV. and Parts V., VI., IX. and X.

## TUNBRIDGE WELLS.

Medical Officer of Health, F. C. LINTON, M.B., D.P.H.

Area in Acres, 3,991.

		Census 1901.		Census 1911.		Estimated 1915.
Population	...	33,373	...	35,697	...	33,430
Inhabited Houses		6,589	...	6,641	...	—

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—	15·3	16·7	0·39	0·87	92	0·54	2·49	0·03
1914—	13·9	12·0	0·93	0·74	80	1·34	4·22	0·11
Average of five years, 1909–1913—								
	16·12	11·3	0·51	0·83	67	2·37	1·36	0·13

Adopted Acts	{	Public Health Acts Amendment Act, 1890.
	{	Public Health Acts Amendment Act, 1907 (certain portions).

INFECTIOUS DISEASES.—Cases notified: Scarlet fever eighteen, diphtheria eighty-three, erysipelas nine, enteric fever one, puerperal fever two, cerebro-spinal meningitis eight, poliomyelitis three, ophthalmia five, phthisis fifty-one, non-pulmonary tuberculosis seventeen. Practically all the scarlet fever, diphtheria and cerebro-spinal fever patients were treated in the isolation hospital. Both scarlet fever and diphtheria showed a considerably decreased prevalence compared with the previous year.

WATER SUPPLY AND DRAINAGE.—No developments took place during the year.

SCAVENGING.—Owing to depletion of staff, dustbins in some districts were emptied only once a week, instead of once in five days as previously.

INFANT WELFARE.—Health visitors visit all births except those occurring in better-class houses. An infant consultation centre has been formed, at which the medical officer of health attends to give advice to mothers on feeding and general hygiene. Over one hundred babies were brought to the centre during 1915.

BILLETING OF TROOPS, &c.—The medical officer of health exercises supervision over the condition of houses at which troops are billeted, and over local sources of the soldiers' food supply. Houses at which soldiers are lodged have their dustbins emptied daily. Infectious cases from Tunbridge Wells and Crowborough, and Maresfield Park Camps, are accommodated in the borough isolation hospital, and the medical officer of health undertakes the bacteriological examination of specimens where necessary.

WALMER.

Medical Officer of Health, E. L. DAVEY, M.R.C.S., L.R.C.P.

(Temporary Acting, J. WOOD, M.R.C.S., L.R.C.P.)

Area in Acres, 988.

	Census 1901.		Census 1911.		Estimated 1915.
Population ...	5,614	...	5,347	...	3,808
Inhabited Houses	750	...	839	...	—

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—15·3	11·9	0·27	0·57		57	2·11	0·27	0·27
1914—14·3	10·8	—	0·18		61	2·58	—	0·18

Average of five years, 1909–1913—

17·16	8·46	0·26	0·29		74	1·40	0·39	—
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Adopted Acts ... Public Health Acts Amendment Act, 1890.

INFECTIOUS DISEASES.—Cases notified : Scarlet fever eight, diphtheria one, enteric fever one, poliomyelitis one, phthisis five, non-pulmonary tuberculosis one. Six of the scarlet fever patients were treated in the isolation hospital.

WATER SUPPLY AND SCAVENGING.—No developments took place during the year.

DRAINAGE AND SEWERAGE.—The construction of the new system is still in hand, and part of the district is being drained through it.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—The officers of the health department co-operate with the military authorities in connection with the inspection of billets, &c., and undertake disinfection of infected premises and bedding.



## WHITSTABLE.

Medical Officer of Health, F. PARRIS PIPER, M.B., M.R.C.S., L.R.C.P.

Area in Acres, 795.

		Census 1901.		Census 1911.		Estimated 1915.	
Population		...	7,086	...	7,982	...	8,162
Inhabited Houses			1,613	...	1,689	...	—
		Cases of Infectious Disease per 1,000 of the population.					
Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Scarlet Fever.	Diphtheria.	Enteric Fever.
1915--16·8	14·2	0·62	0·86	74	1·72	6·74	—
1914—17·6	10·8	0·61	1·22	77	4·39	10·49	0·61
Average of five years, 1909–1913—							
19·76	11·54	0·82	0·78	98	3·29	1·25	0·77
Adopted Acts		{ Infectious Disease (Prevention) Act, 1890. Public Health Acts Amendment Act, 1890. Public Health Acts Amendment Act, 1907 (portions of).					

INFECTIOUS DISEASES.—Cases notified: Scarlet fever fourteen, diphtheria fifty-four, erysipelas four, phthisis twenty-one, non-pulmonary tuberculosis one. Half the total number of scarlet fever and diphtheria patients were treated in the isolation hospital. The incidence of these two diseases shows a considerable reduction compared with the previous year.

WATER SUPPLY.—An attempt was made during the year to remove from the mains some of the oxide of iron which becomes deposited upon the sides of the pipes.

DRAINAGE AND SEWERAGE.—The new disposal works at Swalecliffe are now in use, and are working fairly well, the effluent being of a satisfactory character.

SCAVENGING.—The refuse tip at Swalecliffe has been fenced in by the contractor.

INFANT WELFARE.—A part-time health visitor has been appointed by the council following the coming into force of the Notification of Births (Extension) Act, 1915.

BILLETING OF TROOPS, &c.—Troops varying in number from five hundred to nine hundred have been billeted in Whitstable. There has been a remarkable absence of infectious disease in this connection, only one case having been reported.

**WROTHAM.**

Medical Officer of Health, A. A. LIPSCOMB, M.R.C.S., L.S.A.

Area in Acres, 8,883.

		Census 1901.		Census 1911.		Estimated 1915	
Population	...	3,751	...	4,169	...	4,094	
Inhabited Houses		749	...	801	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population. Scarlet Fever. Diphtheria. Enteric Fever.
1915—	18·0	10·3	—	0·49	80	0·98	0·98 —
1914—	21·9	8·2	—	0·24	66	1·68	0·24 —
Average of five years, 1909–1913—							
		23·83	9·52	0·63	0·60	56	0·52 0·10 0·30

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.

INFECTIOUS DISEASES.—Cases notified: Scarlet fever four, diphtheria four, erysipelas one, ophthalmia one, phthisis four. Three of the diphtheria patients were treated in the isolation hospital.

WATER SUPPLY AND SCAVENGING.—No developments took place during the year.

DRAINAGE AND SEWERAGE.—The Plaxtol sewerage system has been improved by the addition of four manholes.

INFANT WELFARE.—No health visitor has been appointed by the council in this connection.

BILLETING OF TROOPS, &c.—No case of infectious disease occurred among, or in consequence of, the troops billeted in the area.

RURAL SANITARY DISTRICTS.

ASHFORD, EAST.

Medical Officer of Health, M. K. ROBINSON, M.D.

Area in Acres, 54,800.

Population	...	Census 1901.	13,112	...	Census 1911.	13,616	...	Estimated 1915.	13,925
Inhabited Houses			3,015	...		3,099	...		—
	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.			
						Scarlet Fever.	Diphtheria.	Enteric Fever.	
1915—19·1		12·8	0·46	0·79	92	1·94	1·44	0·08	
1914—19·9		11·4	0·80	0·88	84	2·11	2·91	0·15	
Average of five years, 1909—1913—									
	22·9	12·24	0·55	0·75	74	1·32	0·68	0·23	

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890. Part II.  
Public Health Acts Amendment Act, 1907. Certain  
Sections \*

INFECTIOUS DISEASES.— Cases notified : Scarlet fever twenty, diphtheria twenty-seven, erysipelas three, enteric fever one, puerperal fever one, cerebro-spinal meningitis three, phthisis twelve, non-pulmonary tuberculosis two. Twenty-two diphtheria, fifteen scarlet fever and the three cerebro-spinal fever patients were treated in the isolation hospital. Both scarlet fever and diphtheria increased somewhat in prevalence compared with the previous year.

WATER SUPPLY AND SCAVENGING.—No developments took place during the year.

DRAINAGE AND SEWERAGE.—The sewage disposal works at Ham Street were reconstructed and improved during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—A considerable amount of extra work has been involved in the supervision of billeting, and disinfecting and cleansing after numerous cases of scabies and vermin. The council have provided increased scavenging facilities in the parishes of Kennington, Boughton Aluph, and Eastwell owing to the presence of troops.

\* Part IV. and Sections 34–38 inclusive, 43–47 inclusive, 49 and 50 of Part III,



## ASHFORD, WEST.

Medical Officer of Health, M. K. ROBINSON, M.D.

Area in Acres, 39,490.

		Census 1901.		Census 1911.		Estimated 1915.			
Population		...	7,751	...	7,964	...	7,453		
Inhabited Houses			1,685	...	1,628	...	—		
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease. per 1000 of the population.		
							Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—		13·5	14·3	0·27	1·35	74	2·96	3·09	0·14
1914—		16·0	8·0	0·25	0·88	47	1·62	1·37	Nil
Average of five years, 1909–1913—									
		18·84	12·46	0·87	0·82	70	1·40	0·82	0·11

Adopted Acts ... None.

**INFECTIOUS DISEASES.**—Cases notified: Scarlet fever twenty-two, diphtheria twenty-three, enteric fever one, cerebro-spinal meningitis two, phthisis thirteen, non-pulmonary tuberculosis two. Fourteen scarlet fever and eleven diphtheria patients were treated in the isolation hospital. Both these diseases increased in prevalence compared with 1914.

**WATER SUPPLY.**—The Great Chart, Kingsnorth and Shadoxhurst water-supply scheme has been inaugurated during the year. The water mains have also been extended from Monday Boys, Little Chart, to Egerton Forstall.

**DRAINAGE AND SCAVENGING.**—No developments took place during the year.

**INFANT WELFARE.**—The council do not possess the services of a health visitor.

**BILLETING OF TROOPS, &c.**—A good number of troops have been billeted in the district from time to time, particularly at Charing and Great Chart. Sanitary conveniences were erected for the troops when passing through Bethersden.

BLEAN.

Medical Officer of Health, M. K. ROBINSON, M.D

Area in Acres, 26,884.

		Census 1901.		Census 1911.		Estimated 1915.		
Population		...	7,054	...	7,597	...	7,267	
Inhabited Houses			1,539	...	1,628	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population. Scarlet Fever.   Diphtheria.   Enteric Fever.	
1915—16·4		13·0	0·28	0·83		56	2·76	1·93   —
1914—16·6		10·3	—	0·65		70	1·16	1·93   0·39
Average of five years, 1909–1913—								
		19·38	10·7	0·59	0·94	49	1·39	1·25   0·14

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.\*

INFECTIOUS DISEASES.—Cases notified: Scarlet fever twenty, diphtheria fourteen, erysipelas two, phthisis eleven, non-pulmonary tuberculosis two. Seventeen scarlet fever patients and six diphtheria patients were treated in the isolation hospital. Scarlet fever showed a distinct increase in prevalence compared with the previous year.

WATER SUPPLY AND SCAVENGING.—No developments took place during the year.

DRAINAGE.—The workhouse, the convalescent home and 182 houses were connected to the sewer in Herne and Reculver.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection, although some of the parish councils have made arrangements with the district nurses to undertake home visiting.

BILLETING OF TROOPS, &c.—About two thousand troops were encamped or billeted in the district. Scavenging of the latrine buckets was carried out by the council's employees.

\*Sections 15, 16, 17 and 23 of Part II. Sections 34, 35, 38, 43, 44, 46 and 49 of Part III.

BRIDGE.

Medical Officer of Health, M. K. ROBINSON, M.D.

Area in Acres, 41,797.

		Census 1901.		Census 1911.		Estimated 1915.			
Population		...	10,971	...	11,194	...	9,477		
Inhabited Houses			2,222	...	2,173	...	—		
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population. Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—18·6		15·2	1·27	6·33		76	7·07	1·59	0·11
1914—19·1		9·8	0·27	1·32		33	2·12	0·44	0·18
Average of five years, 1909–1913—									
		21·26	10·42	0·68	1·02	75	1·26	1·11	0·23

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.

INFECTIOUS DISEASES.—Cases notified: scarlet fever sixty-seven, diphtheria fourteen, erysipelas three, enteric fever one, ophthalmia one, phthisis nine. The great majority of the scarlet fever and diphtheria patients were treated in the isolation hospital. Both these diseases showed a considerable increase in prevalence compared with the previous year.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year except that many houses were connected with the mains of the Margate Water Company.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—Troops were billeted at Barham, Bishopsbourne, Bridge, Littlebourne and the camp at Thanington, and trouble is stated to have been caused through billeting, owing to shortage of labour to remove excrement.



BROMLEY.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 28,839.

		Census 1901.		Census 1911.		Estimated 1915.		
Population		...	18,808	...	21,958	...	23,058	
Inhabited Houses			3,655	...	4,231	...	—	
		Cases of Infectious Disease per 1,000 of the population.						
Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Scarlet Fever.	Diphtheria.	Enteric Fever.	
1915—18·6	12·5	0·31	0·66	89	1·20	0·27	0·05	
1914—20·0	10·4	0·65	1·00	55	1·43	3·04	0·22	
Average of five years, 1909–1913—								
22·32	11·26	0·78	1·05	85	1·59	0·86	0·16	

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.\*  
Public Health Acts Amendment Act, 1907.†

INFECTIOUS DISEASES.—Cases notified: Scarlet fever twenty-eight, diphtheria sixty-seven, erysipelas seventeen, enteric fever one, puerperal fever one, cerebro-spinal meningitis two, ophthalmia one, phthisis nineteen, non-pulmonary tuberculosis five. The great majority of the scarlet fever and diphtheria patients were treated at the isolation hospital. These diseases showed a similar incidence to 1914.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection, but on the receipt of birth notifications from the registrar, cards are forwarded to the mothers giving advice on the feeding and care of infants. In some cases the cards are taken to the houses by the inspector of nuisances.

BILLETING OF TROOPS, &c.—There has been a substantial increase in the sanitary work of the district owing to the war. Lists of billets were submitted to the inspector of nuisances, who struck out the unsuitable houses and noted possible over-crowding. A large brewery in the district has been converted into a barracks capable of accommodating about a thousand men.

\*The whole of the provisions of this Act made applicable by Section 50 to Rural Districts have been adopted by the Bromley R.D.C.

†Part II. (Streets and Buildings), Sections 20 to 24 inclusive, 29 to 33 inclusive; Part III. (Sanitary Provisions), Sections 36 to 38 inclusive, 43 to 45 inclusive, 49 and 51; Part IV. (Infectious Disease) Sections 52 to 68 inclusive; for the whole of Bromley R.D.; and Part II. (Streets and Buildings), Sections 15 to 18 inclusive, and Section 27, for ten contributory places, and one special drainage district.

CRANBROOK.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 41,315.

Population	...	Census 1901.	12,944	...	Census 1911.	13,689	...	Estimated 1915.	12,806
Inhabited Houses		2,834		...	2,810		...	—	
	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.			
						Scarlet Fever.	Diphtheria.	Enteric Fever.	
1915—	17·5	15·0	0·24	0·24	87	2·04	0·79	—	
1914—	20·8	10·2	0·43	0·51	73	0·79	1·15	0·36	
Average of five years, 1909–1913—									
	18·54	11·16	0·39	0·68	83	1·28	0·98	0·14	

Adopted Acts { Public Health Acts Amendment Act, 1890, Part III.  
(so far as it relates to Rural Districts).  
Public Health Acts Amendment Act, 1907, (part of).\*

INFECTIOUS DISEASES.—Cases notified: Scarlet fever twenty-six, diphtheria ten, erysipelas four, cerebro-spinal meningitis one, poliomyelitis two, ophthalmia two, phthisis eleven, non-pulmonary tuberculosis one. One diphtheria and fifteen scarlet fever patients were treated in the isolation hospital. Scarlet fever doubled its incidence compared with 1914.

WATER SUPPLY AND SCAVENGING.—No developments took place during the year.

DRAINAGE AND SEWERAGE.—An additional seventy yards of sewer was laid at Highgate. An outfall works was erected at Goudhurst during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

\* Section 25 of Part II. and Sections 34, 35, 36, 37. 38, 43, 44, 45, 46 and 49 of Part III,

DARTFORD.

Medical Officer of Health, S. RICHMOND, M.D.

Area in Acres, 37,997.

		Census 1901.		Census 1911.		Estimated 1915.		
Population ...		37,532		39,909		39,870		
Inhabited Houses		6,609		6,776		—		
		Zymotic		Phthisis	Rate of Deaths under	Cases of Infectious Disease		
Birth		Death	Death	Death	one year of age to	per 1000 of the population.		
Rate.		Rate.	Rate.	Rate.	1,000 Births.	Scarlet	Enteric	
						Fever.	Fever.	
1915—21·1		12·6	0·08	1·03	90	4·97	2·84	0·21
1914—21·4		10·1	0·83	0·88	69	4·40	0·71	0·32
Average of five years, 1909–1913—								
22·68		10·52	1·10	0·75	90	2·62	1·32	0·32
Adopted Acts..		{ Public Health Acts Amendment Act, 1890.					Sanitary Sections	
		{ Public Health Acts Amendment Act, 1907.					,,	

INFECTIOUS DISEASES.—Cases notified : Scarlet fever 198, diphtheria 113, erysipelas thirty-four, enteric fever eight, cerebro-spinal meningitis five, poliomyelitis four, ophthalmia two, phthisis forty-four, non-pulmonary tuberculosis nineteen The majority of the scarlet fever, diphtheria and enteric fever patients were treated in the isolation hospital. The incidence of diphtheria was four times as great as in 1914.

WATER SUPPLY AND DRAINAGE.—No developments took place during the year.

SCAVENGING.—New byelaws were adopted requiring householders to place their refuse outside ready for collection. Removal now takes place bi-weekly at Stone and Swanscombe—instead of once in two or three weeks, as previously—and in other parishes once a week. The new system is working well, at reduced cost.

INFANT WELFARE.—Two health visitors are engaged by the district council, and their visits and advice are much appreciated by the mothers.

BILLETING OF TROOPS, &c.—The military authorities have erected a septic installation at Gore Farm hospital, close to the officers' quarters, which is stated to be inefficient. It is suggested that a great waste of money would have been avoided had the scheme for draining Darenth asylum and Gore Farm hospital been proceeded with. This scheme was already prepared, and awaited a Government loan, but was delayed through the war.



DOVER.

Medical Officer of Health, M. K. ROBINSON, M.D.

Area in Acres, 27,121.

		Census 1901.		Census 1911.		Estimated 1915.			
Population		...	6,270	...	8,299	...	7,132		
Inhabited Houses			1,508	...	1,438	...	—		
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
							Scarlet Fever.	Diphtheria.	
								Enteric Fever.	
1915—		13·3	14·5	0·71	0·85	123	0·99	0·43	0·43
1914—		22·7	10·0	0·70	0·59	57	4·66	0·24	0·12
Average of five years, 1909–1913—									
		19·84	12·34	0·95	0·60	100	1·36	1·23	0·09

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907. Parts III. and IV.

INFECTIOUS DISEASES.—Cases notified : Scarlet fever seven, diphtheria three, enteric fever three, erysipelas one, phthisis seven, non-pulmonary tuberculosis one. All the diphtheria, three scarlet fever and two enteric fever patients were removed to hospital. The incidence of scarlet fever dropped from forty cases in 1914 to seven in 1915.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—Billets and encampments were kept under observation by the public health officials, and any assistance necessary was rendered to the military authorities.

EASTRY.

Medical Officer of Health, M. K. ROBINSON, M.D.

Area in Acres, 43,682.

		Census 1901.		Census 1911.		Estimated 1915.	
Population		...	12,168	...	13,161	...	12,683
Inhabited Houses			2,885	...	2,854	...	—
		Zymotic		Phthisis	Rate of Deaths under	Cases of Infectious Disease.	
Birth	Death	Death	Death	one year of age to	per 1,000 of the population	Scarlet	Enteric
Rate.	Rate.	Rate.	Rate.	1,000 Births.		Fever.	Fever.
1915—19·2	14·2	0·56	0·87	62		2·61	1·74
1914—22·3	10·6	0·67	0·89	64		3·63	4·30
Average of five years, 1909–1913—							
21·14	11·84	0·48	1·01	85		2·21	1·32
							0·16

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.

INFECTIOUS DISEASES. — Cases notified: Scarlet fever thirty-three, diphtheria twenty-two, erysipelas seven, puerperal fever one, phthisis seventeen, non-pulmonary tuberculosis four. Nineteen of the cases of scarlet fever, but only two of the diphtheria patients, were treated in hospital. Both these diseases showed a greatly reduced incidence compared with 1914.

WATER SUPPLY AND DRAINAGE.—No developments took place during the year.

SCAVENGING.—In the villages where troops are billeted scavenging is carried out more frequently than usual.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

### ELHAM.

Medical Officer of Health, M. K. ROBINSON, M.D.

Area in Acres, 37,154.

		Census 1901.		Census 1911.		Estimated 1915.	
Population ...		6,813	...	7,441	...	7,551	
Inhabited Houses		1,497	...	1,651	...	—	
		Zymotic	Phthisis	Rate of Deaths under		Cases of Infectious Disease	
		Death	Death	one year of age to		per 1,000 of the population.	
Birth	Death	Rate.	Rate.	1,000 Births.		Scarlet	Enteric
Bate.	Rate.					Fever.	Fever.
1915—15·5	15·9	0·65	0·40	111		2·52	0·40
1914—14·3	8·2	0·27	0·53	55		3·53	0·27
Average of five years, 1909–1913—							
18·28	10·88	0·56	0·90	51		2·12	0·80
							0·12

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907.\*

INFECTIOUS DISEASES.—Cases notified: Scarlet fever nineteen, diphtheria three, erysipelas ten, enteric fever two, puerperal fever one, cerebro-spinal meningitis three, phthisis nine, non-pulmonary tuberculosis one. One diphtheria, one cerebro-spinal fever and fifteen scarlet fever patients were removed to hospital for treatment. Scarlet fever showed a decrease in prevalence compared with 1914.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—General assistance was rendered by the public health officials in regard to troops billeted at Elham and Lynninge.

\* Sections 23 and 25 of Part II.; 34 to 46, 48, 49 and 50 of Part III.; and the whole of Part IV.

## FAVERSHAM.

Medical Officer of Health, PRIDEAUX G. SELBY, M.R.C.S., L.R.C.P.

Area in Acres, 44,000.

		Census 1901.		Census 1911.		Estimated 1915.
Population	...	15,132	...	14,129	...	14,474
Inhabited Houses		3,231	...	2,984	...	—

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—	22·3	15·2	0·56	1·46	74	3·04	6·02	—
1914—	22·9	10·4	0·65	0·86	69	2·15	10·08	0·15
Average of five years, 1909–1913—								
	21·62	11·82	0·74	0·90	88	2·0	2·13	0·62

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890, Part III.  
Public Health Acts Amendment Act, 1907 (Part IV.  
and certain sections in Part III.).

INFECTIOUS DISEASES.—Cases notified : Scarlet fever forty-four, diphtheria eighty-seven, erysipelas four, cerebro-spinal meningitis two, ophthalmia two, phthisis nineteen, non-pulmonary tuberculosis seven. Practically all the scarlet fever and diphtheria patients were treated in the isolation hospital. Diphtheria showed a most marked reduction in prevalence compared with the previous year.

WATER SUPPLY.—An extension of Boughton waterworks was commenced during the year.

DRAINAGE AND SEWERAGE.—Owing to the war, the negotiations between Faversham Urban and Rural district councils, with regard to the question of the drainage of Ospringe, dropped until after the cessation of hostilities.

SCAVENGING.—No development took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—A number of troops has been billeted in the district, and the medical officer of health has made any necessary inspections and recommendations.



HOLLINGBOURN.

Medical Officer of Health, G. M. TUKE, M.R.C.S

Area in Acres, 57,670.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	12,546	...	12,845	...	12,432	
Inhabited Houses		2,850	...	2,818	...	0·09	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.
							Scarlet Fever. Diphtheria. Enteric Fever.
1915—	16·1	15·3	0·49	0·57		88	4·91 2·18 0·09
1914—	18·1	10·2	0·63	1·02		95	1·56 1·72 0·32
Average of five years, 1909–1913—							
	20·1	11·38	0·46	0·89		72	1·95 0·81 0·08

Adopted Acts ... Infectious Disease (Prevention) Act, 1890.

INFECTIOUS DISEASES.—Cases notified : Scarlet fever sixty-one, diphtheria twenty-seven, erysipelas eight, enteric fever one, phthisis eighteen. Twenty-seven scarlet fever and eight diphtheria patients were treated in the isolation hospital. Scarlet fever showed three times as great an incidence as in 1914.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year. It is hoped that the drainage of Lenham will be completed at an early date, and all the old sewers removed.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

HOO.

Medical Officer of Health, C. D. OUTRED, M.R.C.S., L.R.C.P., D.P.H.

Area in Acres, 19,727.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	4,262	...	3,965	...	4,059	
Inhabited Houses		788	...	752	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.
							Scarlet Fever. Diphtheria. Enteric Fever.
1915—	24·1	13·8	0·99	0·25		76	4·44 2·47 0·25
1914—	27·9	8·6	0·26	0·78		56	5·69 0·26 —
Average of five years, 1909–1913—							
	23·43	10·83	0·39	0·32		83	0·45 0·44 0·19

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.

INFECTIOUS DISEASES.—Cases notified : Scarlet fever eighteen, diphtheria ten, enteric fever one, phthisis eleven. The great majority of the cases of zymotic disease were treated in the isolation hospital.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

### MAIDSTONE.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 34,996.

	Census 1901.		Census 1911.		Estimated 1915.
Population ...	15,570	...	16,398	...	16,478
Inhabited Houses	3,378	...	3,487	...	—

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1000 Births.	Cases of Infectious Disease per 1000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—20·1	20·1	15·6	1·04	1·58	84	2·68	3·59	—
1914—19·0	19·0	11·2	0·54	0·72	73	4·68	2·22	0·06
Average of five years, 1909—1913—								
	21·76	12·1	0·89	1·01	93	2·62	1·15	0·08

Adopted Acts ... None.

INFECTIOUS DISEASES.—Cases notified : Scarlet fever forty-four, diphtheria fifty-nine, erysipelas one, phthisis nineteen, non-pulmonary tuberculosis three. Twenty-five scarlet fever and forty-three diphtheria patients were treated in the isolation hospital. Diphtheria showed a greatly increased prevalence compared with 1914, whilst scarlet fever showed the reverse.

WATER SUPPLY AND SCAVENGING.—No developments took place during the year.

DRAINAGE AND SEWERAGE.—The question of the disposal of sewage at West End, Marden, and of the parish of Bearsted, was considered in the early part of 1915, and the inspector was instructed to prepare schemes. It was later decided to postpone the matter until after the war.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

MALLING.

Medical Officer of Health, A. H. ROBERTS, M.R.C.S., L.R.C.P.

Area in Acres, 38,458.

		Census 1901.		Census 1911.		Estimated 1915.			
Population	...	24,724	...	24,233	...	23,463			
Inhabited Houses		5,183	...	4,948	...	—			
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population. Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—19·8		14·4	0·18	1·24		74	2·09	0·77	0·35
1914—22·8		9·8	0·71	0·67		59	5·37	4·33	0·05
Average of five years, 1909–1913—									
		22·34	11·71	0·86	0·86	93	2·96	1·36	0·31

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890 (certain clauses relating to Rural Districts).  
Public Health Acts Amendment Act, 1907.

INFECTIOUS DISEASES.—Cases notified : Scarlet fever forty-nine, diphtheria eighteen, erysipelas nine, enteric fever eight, puerperal fever two, cerebro-spinal meningitis three, phthisis forty-nine, non-pulmonary tuberculosis twelve. All the diphtheria and cerebro-spinal fever patients and the majority of the scarlet fever and enteric fever patients, were treated in the isolation hospital. Both scarlet fever and diphtheria showed a most striking reduction in prevalence compared with the previous year, and the medical officer of health suggests that the scarlet fever figures would have been lower had it not been for some confusion resulting from outbreaks of scarlet fever and rubella occurring together in Snodland.

WATER SUPPLY AND DRAINAGE.—No developments took place during the year.

SCAVENGING.—Weekly collections were substituted for fortnightly rounds, during the summer months, in the parish of Snodland and West Malling.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—The medical officer of health receives no notice of billeting from anyone in authority, and the discovery of bodies of troops billeted or encamped in the district is the result of chance, so far as the public health authority is concerned.



MILTON.

Medical Officer of Health, T. BARRETT HEGGS, M.D., D.P.H.

(Temporary Acting, W. M. SCOTT, M.D., B.SC.)

Area in Acres, 27,727.

		Census 1901.		Census 1911.		Estimated 1915.		
Population		...	12,161	...	12,453	...	12,890	
Inhabited Houses			2,599	...	2,741	...	—	
		Cases of Infectious Disease.						
		per 1,000 of the population						
Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Scarlet Fever.	Diphtheria.	Enteric Fever.	
1915	—22·0	14·4	1·32	0·94	125	2·88	3·65	0·32
1914—	19·8	10·5	0·80	1·28	69	2·95	2·23	0·08
Average of five years, 1909—1913—								
	23·0	10·06	0·66	0·64	70	3·40	1·15	0·21

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890.  
Public Health Acts Amendment Act, 1907 (Sec. 50).

INFECTIOUS DISEASES. — Cases notified: Scarlet fever thirty-seven, diphtheria forty-seven, erysipelas five, enteric fever four, cerebro-spinal meningitis one, ophthalmia two, phthisis seven, non-pulmonary tuberculosis three. All the scarlet fever patients and the majority of the diphtheria and enteric fever patients were treated in the isolation hospital. Diphtheria increased in prevalence compared with the previous year.

WATER SUPPLY AND SCAVENGING.—No developments took place during the year.

SEWERAGE.—The main sewers at Newington were completed and connected to the sewage works, including the drainage of Keycol Hill hospital.

INFANT WELFARE.—Towards the end of the year, the council decided that the health visitor, who had previously devoted only half her time to this work for the Milton and Sittingbourne combined district, should be made a whole-time official in connection with infant welfare. Infants are visited at their homes for the first month and the mothers are then instructed to take them to the “Welcome,” where they are weighed and further advice tendered.

BILLETING OF TROOPS, &C.—Troops were billeted or encamped in various parts of the district throughout the year. There was no special incidence of infectious disease through this cause.

ROMNEY MARSH.

Medical Officer of Health, HENRY HICK, M.R.C.S., L.R.C.P.

Area in Acres, 30,376.

		Census 1901.		Census 1911.		Estimated 1915.			
Population		...	2,563	...	2,797	...	2,728		
Inhabited Houses			593	...	594	...	—		
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
							Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—20·4		13·6	0·37	0·74		88	1·84	1·10	—
1914—17·9		10·8	0·72	2·15		120	1·08	—	—
Average of five years, 1909–1913—									
		23·24	12·5	0·38	1·11	55	0·64	0·08	0·23

Adopted Acts ... { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890\*.

INFECTIOUS DISEASES.—Cases notified: Scarlet fever five, diphtheria three, cerebro-spinal meningitis one, phthisis two. All the zymotic cases were removed to hospital.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—Much overcrowding is stated to have taken place at times owing to the billeting of troops in private houses. There was a considerable amount of rotheln among the troops stationed in the district.

\*Urban powers under Sections 23 (3), 25 and 33.

## SEVENOAKS.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 63,336.

	Census 1901.		Census 1911.		Estimated 1915.
Population ...	22,684	...	24,029	...	23,177
Inhabited Houses	4,829	...	4,901	...	—

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—16·8	12·2	0·44	0·70		73	1·56	4·49	0·05
1914—17·9	9·7	0·13	0·74		60	3·35	1·36	0·09
Average of five years, 1909—1913—								
	19·7	10·32	1·11	2·08	70	2·86	2·48	1·10

Adopted Acts { Part III. Public Health Acts Amendment Act, 1890  
(so far as it applies to Rural Districts).

INFECTIOUS DISEASES.—Cases notified: Scarlet fever thirty-six, diphtheria 104, erysipelas eight, enteric fever one, puerperal fever two, cerebro-spinal meningitis one, phthisis thirty-five, non-pulmonary tuberculosis two. Sixty-two diphtheria and twenty-seven scarlet fever patients were treated in the isolation hospital. Diphtheria was prevalent to three times the extent of 1914, whilst the reverse was the case as regards scarlet fever. An extensive outbreak of diphtheria at Chevening necessitated the engagement of a nurse by the district council to reside in the village and treat the children at their homes.

WATER SUPPLY.—The mains of the Metropolitan Water Board were extended from the village of Brasted to Brasted Chart during the year.

DRAINAGE AND SEWERAGE.—At Otford the w.c.'s which had hitherto been hand-flushed, were provided with flushing apparatus. To enable this to be done it was necessary to extend the water-supply from Longford to over fifty houses. Questions relating to drainage works in other parts of the district were postponed until after the war.

SCAVENGING.—Weekly collections of house-refuse were instituted during the year at Riverhead, Dunton Green, Brasted and Sundridge.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—The war has added considerably to the sanitary work of the district. Large numbers of troops have been billeted



from time to time and have necessitated frequent inspections and constant supervision of quarters. Special extensions of water mains and arrangements for excrement disposal and scavenging, have also been necessitated. Cases of infectious disease among the troops have been removed to the isolation hospital and it has been decided to push forward extensions at the Otford Hospital.

SHEPPEY.

Medical Officer of Health, THOMAS WIGLESWORTH, M.D.

†Area in Acres, 20,806.

	Census 1901.		Census 1911.		Estimated 1915.	
†Population ...	2,541	...	4,157	...	4,231	
†Inhabited Houses	519	...	711	...	—	

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—19·4	15·9	2·13	1·18		86	3·08	3·79	1·19
1914—19·8	10·9	1·05	0·84		137	1·46	9·17	0·42
Average of five years, 1909—1913—	21·94	9·8	0·64	0·43	90	2·45	1·32	0·36

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890 (Part III.)  
Public Health Acts Amendment Act, 1907. (Sections 67 and 86).

INFECTIOUS DISEASES.—Cases notified : Scarlet fever thirteen, diphtheria sixteen, erysipelas two, enteric fever five, phthisis two. The majority of the zymotic cases were treated in the isolation hospital. Diphtheria showed a greatly reduced prevalence compared with the previous year.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—A part-time health visitor is engaged in this work, in combination with the authorities of Queenborough and Sheerness.

BILLETING OF TROOPS, &c.—The medical officer of health has been involved in considerable extra work owing to the presence of troops in the district. He acts for the military authorities in addition to continuing his civil duties.

†Census figures corrected for reduction of boundary by inclusion of Rushenden Estate in Queenborough.

**STROOD.**

Medical Officer of Health, C. FLOOD, L.R.C.S., L.A.H.

Area in Acres, 32,498.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	14,488	...	15,354	...	15,446	
Inhabited Houses		2,898	...	3,047	...	—	
Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
					Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—20·9	13·1	1·49	1·23	73	2·79	1·24	0·13
1914—23·3	11·6	0·59	0·92	102	4·00	1·77	0·92
Average of five years, 1909–1913—							
24·07	9·84	0·94	0·72	92	4·2	1·37	0·64

Adopted Acts { Public Health Acts Amendment Act, 1890 (so far as it relates to Rural Districts).

INFECTIOUS DISEASES.—Cases notified: Scarlet fever forty-three, diphtheria twenty, erysipelas ten, enteric fever two, ophthalmia two, phthisis twenty-four, non-pulmonary tuberculosis five. Thirty-six scarlet fever, one enteric fever and four diphtheria patients were treated in the isolation hospital. The zymotic incidence was somewhat lower than in 1914.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—A nurse has been appointed by the council to assist the medical officer of health in carrying out the provisions of the Notification of Births Acts.

BILLETING OF TROOPS, &c.—Troops have been billeted during the year at Halling, Cliffe, Higham, Frindsbury and Strood Extra, in addition to two small camps at Higham and Shorne.

TENTERDEN.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 38,378.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	5,523	...	6,001	...	5,739	
Inhabited Houses		1,316	...	1,305	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population. Scarlet Fever.   Diphtheria.   Enteric Fever.
1915—18·2	16·1	0·18	0·87			81	—   —   —
1914—17·7	11·3	0·33	0·98			37	0·49   0·17   —
Average of five years, 1909—1913—							
	22·74	12·2	0·22	0·80		72	1·08   0·56   0·12

Adopted Acts ... None.

INFECTIOUS DISEASES.—Cases notified : Cerebro-spinal meningitis one, phthisis four.

WATER SUPPLY.—The Cranbrook Water Company have extended their mains to Rolvenden Layne, and many houses have now been connected.

DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—Troops have been billeted at Appledore, and the medical officer of health and inspector of nuisances have made inspections of billets as required.



THANET.

Medical Officer of Health, M. K. ROBINSON, M.D.

\*Area in Acres, 18,639.

	Census 1901.		Census 1911.		Estimated 1915.	
*Population	...	9,494	...	10,564	...	9,518
*Inhabited Houses		—	...	1,897	...	—

	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.		
						Scarlet Fever.	Diphtheria.	Enteric Fever.
1915—	14·0	15·0	0·32	1·06	85	2·21	0·11	—
1914—	13·6	10·3	0·46	1·29	102	2·47	0·83	0·19
Average of five years, 1909–1913 —								
	17·22	10·36	0·74	0·91	99	1·90	1·36	0·42

Adopted Acts { Infectious Disease (Prevention) Act, 1890.  
Public Health Acts Amendment Act, 1890 (certain sections).  
Public Health Acts Amendment Act, 1907 (Section 38).†

INFECTIOUS DISEASES.—Cases notified: Scarlet fever twenty-one, diphtheria one, erysipelas six, phthisis seven, non-pulmonary tuberculosis six. The one diphtheria and fifteen of the scarlet fever patients were treated in the isolation hospital.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—Troops have been billeted in the district during the year, and it has been the duty of the sanitary officials to ensure that no nuisances have been left unabated in houses used as billets.

\*Census figures corrected for reduction of boundary by inclusion of certain parts of the parishes of Garlinge, Northdown and St. Peter's Extra in the Borough of Margate and certain portions of St. Peter's Extra parish in the Urban District of Broadstairs.

† In three contributory places.

TONBRIDGE.

Medical Officer of Health, J. SCOTT TEW, M.D., D.P.H.

Area in Acres, 46,853.

		Census 1901.		Census 1911.		Estimated 1915.	
Population	...	17,247	...	17,769	...	17,204	
Inhabited Houses		3,566	...	3,609	...	—	
		Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Rate of Deaths under one year of age to 1,000 Births.	Cases of Infectious Disease per 1,000 of the population.
							Scarlet Fever. Diphtheria. Enteric Fever.
1915—	17·0	11·7	0·41	0·76		37	0·94 0·88 0·06
1914—	20·0	11·3	1·06	1·12		95	2·07 3·46 0·06
Average of five years, 1909–1913—							
	20·14	11·46	0·83	0·83		82	2·37 1·91 0·11

Adopted Acts { Public Health Act, 1875 (Section 66).  
Infectious Disease (Prevention) Act, 1890.  
Part III. Public Health Acts Amendment Act, 1890  
(so far as it applies to Rural Districts).

INFECTIOUS DISEASES.—Cases notified : Scarlet fever sixteen, diphtheria fifteen, erysipelas six, enteric fever one, puerperal fever one, ophthalmia one, phthisis thirty-three, non-pulmonary tuberculosis six. The majority of the scarlet fever and diphtheria patients were treated in the isolation hospital. Both these diseases showed a notable reduction in prevalence compared with the previous year.

WATER SUPPLY, DRAINAGE AND SCAVENGING.—No developments took place during the year.

INFANT WELFARE.—The council do not possess the services of a health visitor in this connection.

BILLETING OF TROOPS, &c.—There are several V.A.D. Hospitals in the district. Disinfection of soldiers' bedding and clothing has been undertaken, when necessary, by the district council. Temporary latrines have also been provided.



TABLE 22. SHOWING AGES AT, AND CAUSES OF, DEATH IN THE **URBAN DISTRICTS**  
OF THE COUNTY OF KENT DURING THE YEAR 1915.

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District.	Age distribution of Deaths.									Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Phthisis (Pulmonary Tuberculosis)	Tuberculous Meningitis.	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Meningitis.	Organic Heart Disease.	Bronchitis.	Pneumonia (all forms).	Other Diseases of Respiratory Organs.	Diarrhoea and Enteritis.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's Disease.	Puerperal Fever.	Other Accidents and Diseases of Pregnancy and Parturition.	Congenital Debility and Malformation, including Premature Birth.	Violent Deaths, excluding Suicide.	Suicide.	Other defined Diseases.	Diseases ill-defined or unknown.	Cerebro-Spinal Meningitis.	Polomyelitis.
	All ages	Under 1 year	1 and under 2.	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards																																
Ashford ... ..	213	28	3	4	2	10	23	42	101	...	...	...	...	1	...	5	1	10	4	4	12	1	1	28	17	13	6	3	1	3	...	7	...	1	11	5	2	75	2	...	...
Beckenham ... ..	323	37	12	7	7	6	37	80	137	1	...	7	...	...	1	7	...	14	6	4	46	2	2	30	24	13	1	8	2	3	...	16	1	...	16	6	...	108	3	...	...
Bexley ... ..	277	44	5	14	11	12	29	57	105	...	...	3	2	5	1	6	2	17	2	7	23	...	5	27	24	23	2	3	1	4	...	5	...	1	16	9	3	59	27	...	...
Broadstairs and St. Peter's ... ..	107	4	2	1	3	4	12	33	48	...	...	...	...	2	...	2	1	8	2	...	17	1	...	11	4	7	...	1	1	...	1	5	...	...	2	3	1	35	3	...	1
Bromley (Borough)...	378	32	18	7	15	16	34	86	170	...	...	4	1	7	5	13	...	24	7	4	48	...	4	42	32	30	1	4	...	5	...	9	1	1	13	7	4	112	...	1	...
Chatham (Borough)...	739	115	37	30	42	27	109	157	222	1	...	16	4	11	13	3	1	67	7	10	59	...	9	99	80	53	5	20	2	7	1	19	...	6	43	34	9	99	61	12	...
Cheriton ... ..	97	24	7	8	7	3	11	14	23	1	...	5	...	8	4	2	...	5	2	1	6	...	3	3	8	5	...	1	...	...	2	1	2	7	1	1	29	...	...	...	
Chislehurst ... ..	87	18	2	2	3	1	6	15	40	...	...	1	1	5	1	3	...	4	1	...	10	...	...	11	9	8	1	...	...	...	2	...	1	9	...	...	18	2	...	...	
Dartford ... ..	267	42	23	12	14	12	29	52	83	3	...	10	5	4	2	2	2	19	2	3	17	1	5	4	24	24	3	5	...	1	...	3	...	2	17	9	2	98	...	...	...
Deal (Borough) ...	205	24	14	19	13	9	17	34	75	...	...	17	...	4	4	3	1	10	5	5	14	1	...	20	13	19	3	...	1	5	...	7	...	...	11	4	1	57	...	...	...
Dover (Borough) ...	651	112	33	28	30	29	82	128	209	4	...	14	3	6	4	21	1	51	15	10	49	1	8	56	76	43	5	19	1	7	...	17	1	2	34	27	2	165	9	8	...
Erith ... ..	370	54	24	11	24	15	45	72	125	1	...	3	2	3	10	3	...	24	4	5	27	2	...	42	36	33	2	19	1	2	...	7	...	1	14	14	3	112	...	3	...
Faversham (Borough)	172	22	5	11	7	12	16	28	71	...	...	...	...	5	...	8	3	8	5	4	7	1	...	18	19	15	5	6	2	2	1	6	...	1	5	8	...	4	39	...	...
Folkestone (Borough)	517	75	28	25	22	17	54	115	181	...	...	24	2	12	3	15	1	27	8	3	53	...	2	43	57	46	4	14	5	11	...	17	2	1	23	16	4	124	...	2	1
Footscray ... ..	94	9	4	4	7	4	12	22	32	...	...	1	...	2	...	4	...	4	2	3	14	...	2	14	2	7	4	3	...	...	2	...	...	3	4	1	19	3	...	...	
Gillingham (Borough)	605	101	20	28	24	29	67	139	197	1	...	5	...	12	12	6	1	42	7	6	35	...	6	68	65	37	5	15	3	2	1	1	...	3	42	11	5	173	24	5	...
Gravesend (Borough)	430	55	16	15	16	26	47	107	148	4	...	4	2	2	7	8	4	34	3	4	31	2	9	38	31	30	3	8	3	9	...	11	...	...	24	17	2	140	...	4	...
Herne Bay ... ..	122	6	1	1	3	5	24	22	60	2	...	...	...	...	...	1	...	11	1	1	16	...	...	16	10	4	2	2	1	...	1	2	...	...	2	2	...	47	1	...	...
Hythe (Borough) ...	110	12	4	5	2	3	9	24	51	...	...	1	...	4	...	2	...	7	1	...	14	1	2	11	12	9	1	1	1	3	...	5	...	...	1	1	...	29	4	2	...
Lydd (Borough) ...	Information not available									...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Maidstone (Borough)	527	72	21	15	33	18	86	100	182	...	...	1	...	7	3	2	1	55	9	11	37	...	12	63	39	49	4	12	1	7	3	8	...	...	23	16	1	157	6	6	...
Margate (Borough)...	331	30	9	11	6	13	47	79	136	1	...	3	1	8	3	7	...	14	3	5	30	3	...	42	25	21	6	3	1	5	5	12	...	3	10	11	3	45	61	...	...
Milton Regis ... ..	96	8	8	1	2	1	7	24	45	...	...	1	1	...	...	5	...	3	...	2	7	...	1	9	9	8	...	3	...	1	...	3	...	...	5	4	...	33	1	1	...
New Romney (Borough)...	24	2	1	...	...	3	2	4	12	...	...	...	...	...	...	...	...	...	...	1	...	...	...	4	3	5	...	1	...	...	...	...	...	...	1	...	6	3	...	...	
Northfleet ... ..	230	36	11	13	17	13	22	48	70	1	...	1	2	5	2	...	1	11	4	5	18	...	...	24	32	34	...	5	1	1	...	15	...	1	5	8	1	48	5	...	...
Penge ... ..	336	39	14	12	12	15	30	72	142	...	...	11	...	2	2	4	...	26	4	4	32	...	4	34	35	25	7	6	1	6	1	14	...	...	10	4	3	83	18	1	...
Queenborough (Borough) ...	43	12	3	1	2	2	4	12	7	...	...	...	...	...	...	1	...	3	...	2	3	...	...	6	7	2	...	4	...	...	...	...	...	5	1	...	5	4	...	...	
Ramsgate (Borough)	450	37	13	11	20	15	50	100	204	1	...	5	...	4	1	1	...	41	5	6	48	...	1	35	34	24	8	6	2	...	2	16	...	3	14	18	7	160	8	...	...
Rochester (City) ...	465	53	23	21	18	17	67	86	180	...	...	11	3	11	6	11	...	36	1	5	38	3	5	45	46	27	3	5	...	3	1	17	1	4	19	19	1	137	6	...	...
Sandgate ... ..	29	1	4	2	1	2	3	9	7	...	...	4	...	1	...	1	...	2	1	1	4	...	...	2	2	4	...	...	...	1	...	2	...	...	...	1	...	3	...	...	...
Sandwich (Borough)	55	4	1	...	...	1	4	12	33	...	...	...	...	...	...	2	...	2	2	1	9	...	...	6	...	3	4	1	...	1	...	3	...	...	1	...	...	19	1		





TABLE 23. SHOWING AGES AT, AND CAUSES OF, DEATH IN THE **RURAL DISTRICTS**  
OF THE COUNTY OF KENT DURING THE YEAR 1915.

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District.	Age distribution of Deaths.										Enteric Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Influenza	Erysipelas	Phthisis (Pulmonary Tuberculosis)	Tuberculous Meningitis	Other Tuberculous Diseases	Cancer, Malignant Disease	Rheumatic Fever	Meningitis.	Organic Heart Disease.	Bronchitis	Pneumonia (all forms)	Other Diseases of Respiratory Organs	Diarrhoea and Enteritis	Appendicitis and Typhlitis	Cirrhosis of Liver.	Alcoholism	Nephritis and Bright's Disease	Puerperal Fever	Other Accidents and Diseases of Pregnancy and Parturition	Congenital Debility and Malformation, including Premature Birth	Violent Deaths, excluding Suicide	Suicide	Other defined Diseases	Diseases ill-defined or unknown	Cerebro-Spinal Meningitis.	Polionyelitis.
	All Ages.	Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards																																	
Ashford, East ... ..	177	24	2	4	5	4	16	37	85	...	..	1	...	2	1	9	...	11	1	2	16	...	2	29	14	10	2	2	..	2	...	5	1	...	13	2	1	48	3	2	...	
Ashford, West... ..	106	8	...	1	4	1	13	25	54	...	...	...	...	...	...	9	...	10	..	1	12	...	...	15	5	3	2	2	...	1	...	3	...	1	5	2	1	34	...	...	...	
Blean ... ..	94	7	3	...	1	6	9	22	46	...	...	...	...	..	2	2	1	6	2	1	6	...	...	18	1	4	1	..	1	1	..	3	...	1	5	4	2	31	2	...	...	
Bridge ... ..	144	16	...	3	11	4	18	26	66	...	...	3	...	4	2	9	1	6	1	2	10	1	...	21	10	9	1	3	...	...	1	4	...	...	6	6	1	42	1	...	...	
Bromley ... ..	288	38	10	7	9	6	24	65	129	...	...	...	...	4	3	6	...	15	1	5	27	1	4	45	36	24	5	...	1	1	..	8	...	1	15	8	1	72	5	...	...	
Cranbrook ... ..	192	21	2	2	6	6	16	30	109	...	..	1	...	1	...	14	...	3	2	2	22	1	...	30	15	9	6	1	...	1	2	2	...	2	9	3	2	57	7	...	...	
Dartford ... ..	499	78	23	16	25	24	50	103	180	2	...	4	1	5	5	6	..	41	11	6	43	...	5	44	36	37	8	14	...	6	1	16	...	4	36	27	1	140	...	2	...	
Dover ... ..	103	14	3	4	5	1	11	29	36	...	...	...	...	...	...	2	...	6	2	4	7	1	1	15	7	5	1	5	...	...	6	...	...	5	5	...	29	2	...	...		
Eastry ... ..	180	16	4	5	7	7	19	34	88	1	...	...	...	1	3	4	1	11	2	3	14	...	...	19	18	11	2	2	1	2	...	1	1	1	5	4	1	71	1	...	...	
Elham ... ..	120	13	3	1	7	4	8	21	63	...	...	2	1	..	...	6	...	3	1	1	8	...	3	13	12	6	3	2	...	1	...	3	..	...	5	1	...	48	1	1	...	
Faversham ... ..	219	23	4	6	6	10	23	56	91	...	...	...	...	4	2	5	1	21	1	1	20	...	...	24	17	17	1	2	...	2	..	5	...	...	3	4	...	66	23	..	...	
Hollingbourn ... ..	189	18	1	2	8	5	16	27	112	1	..	...	...	...	4	3	...	7	1	2	21	...	1	26	30	14	5	1	...	...	...	3	...	...	5	4	...	59	2	...	...	
Hoo ... ..	66	7	3	4	3	2	7	17	23	...	...	1	...	1	...	1	...	1	1	1	5	...	...	8	2	9	1	2	1	1	...	3	...	...	3	6	1	18	..	1	..	
Maidstone ... ..	256	28	6	7	18	14	31	44	108	1	...	1	2	2	9	5	1	26	..	9	16	1	1	36	18	19	11	3	...	5	...	4	...	1	9	7	1	59	9	...	...	
Malling... ..	337	35	9	10	13	17	40	70	143	...	...	...	...	1	1	5	...	29	6	4	30	1	6	45	23	27	1	2	...	1	1	12	1	1	12	8	2	106	12	3	..	
Milton ... ..	185	34	5	7	7	2	18	26	86	1	...	6	1	1	2	6	1	12	...	1	14	...	1	14	15	15	...	6	...	...	...	12	...	...	10	4	1	57	5	1	...	
Romney Marsh ... ..	37	5	...	1	...	1	6	4	20	...	...	...	...	...	...	1	...	2	...	...	1	2	...	1	4	3	1	1	...	...	...	2	...	...	1	2	1	7	8	...	...	
Sevenoaks ... ..	283	30	11	3	7	7	21	61	143	..	...	2	...	2	4	19	...	16	2	3	24	...	1	39	16	11	7	2	1	2	1	10	2	3	12	7	2	74	21	...	...	
Sheppey ... ..	67	8	4	2	1	7	12	14	19	3	..	1	...	...	3	...	...	5	...	...	5	...	1	7	3	3	...	2	..	...	...	1	...	...	3	11	...	19	...	...	...	
Strood .. ..	202	23	9	7	9	13	31	46	64	1	...	1	...	5	4	10	..	19	4	1	13	...	...	18	12	15	...	2	...	1	..	9	..	1	10	9	1	23	43	...	...	
Tenterden .. ..	92	9	...	...	3	4	5	12	59	...	...	...	...	...	...	4	...	5	...	...	8	...	1	15	10	2	1	1	...	2	...	2	...	2	2	1	...	21	15	...	...	
Thanet ... ..	142	13	...	3	2	4	16	38	66	...	...	...	...	...	...	3	...	10	2	2	12	1	...	10	8	9	1	3	1	1	...	6	...	1	6	8	...	58	..	...	...	
Tonbridge ... ..	201	11	4	7	10	10	26	39	94	1	...	...	...	2	...	9	...	13	3	6	15	1	2	32	11	17	2	4	4	1	...	7	1	1	4	3	2	38	22	...	...	
Total in Rural Districts ...	4,179	479	106	102	167	159	436	846	1,884	11	...	23	5	35	45	138	6	278	43	57	349	10	29	524	323	279	62	62	10	31	6	127	6	20	184	136	21	1177	182	10	...	
Total in Urban Districts ...	10,011	1,285	411	366	424	385	1,140	2,111	3,889	23	...	163	33	137	108	201	25	676	126	137	869	39	98	1043	906	721	109	195	41	99	18	295	11	40	482	311	60	2652	393	51	3	
Total for County ... ..	14,190	1,764	517	468	591	544	1,576	2,957	5,773	34	...	186	38	172	153	339	31	954	169	194	1218	49	127	1567	1229	1000	171	257	51	130	24	122	17	60	666	447	81	3829	575	61	3	





TABLE 24. Information respecting the various Bye-Laws and Regulations which are in Force in the URBAN DISTRICTS of the County of Kent.

DISTRICT.	Common Lodging Houses (P.H. Act, 1875, S. 80).	Houses let in Lodgings (P.H. Act, 1875, S. 90).	Cleansing, &c., and Removal of Refuse (P.H. Act, 1875, S. 44).	Tents, Vans, Sheds, &c. (H.W.C. Act, 1885, S. 9 (2)).	Public Mortuaries (P.H. Act, 1875, S. 141.)	Hop-Pickers and Fruit Pickers (P.H. Act, 1875, S. 314, and P.H. (Fruit Pickers Lodgings) Act, 1882).	Slaughter-houses (P.H. Act, 1875, S. 169).	Prevention of Nuisances (P.H. Act, 1875, S. 44).	Keeping of Animals (P.H. Act, 1875, S. 44).	Offensive Trades (P.H. Act, 1875, S. 113).	New Streets and Buildings (P.H. Act, 1875, S. 157, and P.H.A.A. Act, 1891, S. 23).	Removal of Offensive Matters and House Refuse (P.H.A.A. Act, 1890, S. 26).	Public Conveniences (P.H.A.A. Act, 1890, S. 20).	Public Baths and Washhouses (B. & W. Act, 1846, S. 34).	Regulations under Dairies, Cowsheds and Milkshops Order, 1885.
Ashford ... ..	Yes	Yes	Yes	.....	.....	.....	Yes	Yes	Yes	Yes	Yes	Yes	.....	Yes	Yes
Beckenham ... ..	.....	Yes	.....	.....	.....	.....	.....	Yes	Yes	Yes (fish-frying)	Yes	Yes	.....	Yes	Yes
Bexley... ..	Yes	.....	Yes	.....	.....	Yes	Yes	Yes	Yes	.....	Yes	Yes	.....	.....	Yes
Broadstairs and St. Peter's...	.....	.....	Yes	.....	.....	.....	Yes	Yes	Yes	Yes	Yes	Yes	.....	.....	Yes
Bromley (Borough) ... ..	Yes	.....	Yes (less house-refuse removal)	.....	.....	.....	Yes	Yes	Yes	.....	Yes	Yes, less as to removal of house refuse	Yes	.....	Yes
Chatham (Borough) ... ..	Yes	Yes	Yes	Yes	No. Local regulations for management of mortuaries	.....	Yes	Yes	Yes	Yes	Yes	Yes	.....	.....	Yes
Cheriton ... ..	.....	.....	.....	.....	.....	.....	Yes	.....	.....	.....	Yes	.....	.....	.....	Yes
Chislehurst ... ..	.....	.....	.....	.....	.....	Yes	Yes	.....	Yes †	.....	Yes	.....	.....	.....	Yes
Dartford ... ..	Yes	Yes	Yes	Yes	.....	.....	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deal (Borough) ... ..	Yes	.....	.....	.....	.....	.....	Yes	Yes	Yes	Yes	Yes	Yes	.....	.....	Yes
Dover (Borough) ... ..	Yes	.....	Yes	Yes	.....	.....	Yes	Yes	Yes	Yes	Yes	Yes	.....	Yes	Yes
Erith ... ..	.....	.....	Yes	Yes	Yes	.....	Yes	Yes	Yes	Yes	Yes	Yes	.....	Yes	Yes
Faversham (Borough) ... ..	Yes	.....	Yes	.....	.....	.....	Yes	Yes	Yes	Yes	Yes	Yes	.....	Yes	Yes
Folkestone (Borough) ... ..	Yes	.....	.....	.....	.....	.....	Yes	.....	Yes	.....	Yes	.....	Yes	.....	Yes
Footseray ... ..	Yes	.....	.....	.....	Yes	.....	Yes	.....	.....	.....	Yes	.....	.....	Yes	Yes
Gillingham (Borough) ... ..	.....	.....	Yes	Yes	.....	.....	Yes	Yes	Yes	Yes	Yes	Yes	.....	.....	Yes
Gravesend (Borough) ... ..	Yes	.....	The L.A. remove refuse themselves	.....	.....	.....	Yes	Yes	Yes	.....	Yes	Yes	Yes	Yes	Yes
Herne Bay ... ..	Yes	Yes	Yes	.....	.....	.....	Yes	Yes	Yes	.....	Yes	.....	.....	.....	Yes
Hythe (Borough) ... ..	.....	.....	.....	.....	.....	.....	Yes	.....	.....	.....	Yes	.....	Yes	.....	.....
Lydd (Borough) ... ..	.....	.....	Yes	.....	.....	.....	Yes	.....	.....	.....	Yes	.....	.....	.....	Yes
Maidstone (Borough) ... ..	Yes	Yes	Yes	Yes	.....	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.....	Yes
Margate (Borough) ... ..	Yes	Yes	Yes	Yes	Yes	.....	Yes	Yes	Yes	.....	Yes	Yes	Yes	.....	Yes
Milton Regis ... ..	Yes	Yes	Yes	.....	.....	.....	Yes	Yes	Yes	.....	Yes	Yes	.....	.....	Yes
New Romney (Borough) ... ..	.....	.....	Yes	.....	.....	.....	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
Northfleet ... ..	.....	.....	Yes	Yes	.....	.....	Yes	Yes	.....	.....	Yes	.....	.....	P. Bs. in the Dist. not property of the Council	Yes
Penge ... ..	Yes	Yes	Yes	.....	.....	.....	Yes	Yes	Yes	.....	Yes	.....	.....	.....	Yes
Queenborough (Borough) ... ..	.....	.....	Yes	.....	.....	.....	Yes	Yes	Yes	Yes	Yes	Yes	Yes	.....	.....
Ramsgate (Borough) ... ..	Yes	Yes	Yes	Yes	.....	.....	Yes	Yes	Yes	Yes	Yes	.....	.....	.....	Yes
Rochester (City) ... ..	Yes	.....	.....	.....	.....	.....	Yes	.....	.....	Yes	Yes	.....	.....	.....	Yes
Sandgate ... ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
*Sandwich (Borough) ... ..	.....	.....	*	.....	.....	.....	*	*	*	.....	Yes	*	.....	.....	.....
Sevenoaks ... ..	Yes	.....	Yes	.....	.....	.....	Yes	Yes	Yes	.....	Yes	Yes	.....	Yes	Yes
Sheerness ... ..	Yes	.....	Yes	Yes	.....	.....	Yes	Yes	Yes	.....	Yes	Yes	Yes	Yes	Yes
Sittingbourne... ..	Yes	.....	.....	.....	.....	.....	Yes	Yes	.....	Yes	Yes	.....	.....	Yes	Yes
Southborough ... ..	.....	Yes	Yes	Yes	.....	.....	Yes	Yes	Yes	.....	Yes	.....	.....	.....	Yes
Tenterden (Borough) ... ..	.....	.....	.....	.....	.....	.....	Yes	Yes	.....	.....	Yes	.....	.....	.....	Yes
Tonbridge ... ..	Yes	Yes	Yes	Yes	.....	.....	Yes	Yes	Yes	Yes	Yes	Yes	.....	.....	Yes
Tunbridge Wells (Borough) ... ..	Yes	.....	Yes	.....	Yes	.....	Yes	Yes	Yes	.....	Yes	.....	.....	.....	Yes
Walmer ... ..	.....	.....	Yes	Yes	.....	.....	Yes	Yes	Yes	.....	Yes	Yes	.....	.....	Yes
Whitstable ... ..	Yes	.....	Yes	Yes	.....	.....	Yes	Yes	Yes	.....	Yes	Yes	.....	.....	Yes
Wrotham ... ..	.....	.....	Yes	.....	.....	Hop-pickers	Yes	Yes	Yes	.....	Yes	.....	.....	.....	Yes

\* In the Borough of Sandwich, Bye-Laws as to Cleansing, &c., and Removal of Refuse, Slaughter-houses, Prevention of Nuisances, Keeping of Animals, New Streets and Buildings, and Removal of Offensive Matters and House-refuse were made under the Local Government Act, 1855.

† Relates to swine only.



TABLE 25. Information respecting the various Bye-Laws and Regulations which are in force in the **RURAL DISTRICTS** of the County of Kent.

162D

DISTRICT.	Common Lodging Houses (P.H. Act, 1875, S. 80).	Houses let in Lodgings (P.H. Act, 1875, S. 90).	Cleansing, &c., and Removal of Refuse (P.H. Act, 1875, S. 44).	Tents, Vans, Sheds, &c. (H.W.C. Act, 1885, S. 9 (2)).	Public Mortuaries (P.H. Act, 1875, S. 141).	Hop-Pickers and Fruit Pickers (P.H. Act, 1875, S. 314, and P.H. (Fruit Pickers Lodgings) Act, 1882).	Slaughter-houses (P.H. Act, 1875, S. 169).	Prevention of Nuisances (P.H. Act, 1875, S. 44).	Keeping of Animals (P.H. Act, 1875, S. 44).	Offensive Trades (P.H. Act, 1875, S. 113).	New Streets and Buildings (P.H. Act, 1875, S. 157 and P.H.A.A. Act, 1890, S. 23).	Removal of Offensive Matters and House Refuse (P.H.A.A. Act, 1890, S. 26).	Public Conveniences (P.H.A.A. Act, 1890, S. 20).	Public Baths and Washhouses (B. & W. Act, 1846, S. 34).	Regulations under the Dairies, Cow-sheds and Milkshops Order, 1885.
Ashford, East ... ..	.....	.....	.....	Yes	... ..	Yes	In 18 contributory places.	.....	.....	.....	In 4 contributory places	.....	.....	.....	Yes
Ashford, West ... ..	.....	.....	.....	Yes	.....	Yes	.....	.....	.....	.....	.....	.....	.....	.....	Yes
Blean ... ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
Bridge ... ..	.....	.....	.....	.....	.....	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
Bromley ... ..	Yes	.....	.....	Yes	.....	Yes	Yes	.....	.....	.....	‡ In 10 contributory places & one special drainage district	.....	.....	.....	Yes
Cranbrook ... ..	.....	.....	.....	.....	.....	Yes	.....	.....	.....	.....	Yes <i>o</i>	.....	.....	.....	Yes
Dartford ... ..	Yes	Yes	Yes <i>a</i>	Yes	.....	Yes	Yes	Yes	Yes	.....	Yes <i>a b</i>	Yes (in certain parishes)	Yes	.....	Yes
Dover ... ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
Eastry .. ...	.....	.....	.....	.....	.....	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
Elham ... ..	.....	.....	.....	Yes	.....	.....	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
*Faversham ... ..	.....	.....	Yes	.....	.....	Yes	Yes	Yes	Yes	.....	Yes	.....	.....	.....	Yes
Hollingbourn ... ..	.....	.....	.....	.....	.....	Yes	.....	.....	.....	.....	Yes, Rural	.....	.....	.....	Yes
Hoo ... ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Yes
Maidstone ... ..	.....	.....	.....	Yes	.....	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
Malling ... ..	.....	.....	.....	Yes	.....	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
Milton ... ..	.....	.....	.....	.....	.....	Yes	.....	.....	.....	.....	.....	.....	.....	.....	Yes
Romney Marsh ... ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
Sevenoaks ... ..	.....	.....	.....	Yes	.....	Yes	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
Sheppey ... ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
Strood ... ..	.....	.....	.....	.....	.....	Yes	Yes	.....	.....	Yes <i>c</i>	Yes	.....	.....	.....	Yes
Tenterden ... ..	.....	.....	.....	Yes	.....	.....	.....	.....	.....	.....	Yes	.....	.....	.....	Yes
Thanet ... ..	.....	.....	Yes	Yes	.....	.....	.....	In 8 contributory places	In 8 contributory places	.....	Yes	.....	.....	.....	Yes
Tonbridge ... ..	Yes	.....	.....	.....	.....	Yes	Yes, in 4 contributory places	.....	.....	.....	Yes	.....	.....	.....	Yes

\* Urban Powers obtained for the Parishes of Boughton, Lynsted, Ospringe, Teynham, Preston and Faversham (Without only), in 1875. Bye-Laws made in 1879.

‡ In the remaining five contributory places, the rural Code of Bye-Laws with respect to New Buildings, etc., are in force.

*o* New buildings and certain matters connected with buildings (not streets).*a* In force in parishes of Crayford, Stone, Swanseombe, Wilmington, Sutton-at-Hone, Eynsford ; *b* Special building bye-laws, etc., in force in the parish of Darent.*c* In parishes of Frindsbury Denton and Strood.







